

WELL PLUGGING APPLICATION FORM
(File One Copy)

API NUMBER 15-097-20,859-0000 (of this well) 6/86
(This must be listed; if no API# was issued, please note drilling completion date.)

LEASE OPERATOR Beren Corporation OPERATORS LICENSE NO. 5364

ADDRESS 970 4th Finan. Ctr. Wichita, Ks. 67202 PHONE # (316) 265-3311

LEASE (FARM) Healy #3 WELL NO. _____ WELL LOCATION E/2 NE SE COUNTY Kiowa

SEC. 1 TWP. 27s RGE. 16w (D) or (W) TOTAL DEPTH 4650' PLUG BACK TD _____

Check One:

OIL WELL GAS WELL _____ D & A _____ SWD or INJ WELL _____ DOCKET NO. _____

SURFACE CASING SIZE 8 5/8 SET AT 404' CEMENTED WITH 350 SACKS

CASING SIZE 4 1/2" SET AT 4218' CEMENTED WITH 200 SACKS

PERFORATED AT 4032-42'

CONDITION OF WELL: GOOD POOR _____ CASING LEAK _____ JUNK IN HOLE _____

OPERATOR'S SUGGESTED METHOD OF PLUGGING THIS WELL _____

Will plug according to rules & regulations of State of Kansas.

(If additional space is needed use back of form)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? No N/A IS ACO-1 FILED? _____
(If not, explain)

DATE AND HOUR PLUGGING IS DESIRED TO BEGIN _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et seq AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS: _____

Ted Crawford

PHONE # (913) 628-6101

ADDRESS Hays, Ks. 67601

PLUGGING CONTRACTOR Kelso Casing Pulling LICENSE NO. 6050

ADDRESS Box 347, Chase, Ks. 67524 PHONE # (316) 938-2457

PAYMENT WILL BE GUARANTEED BY OPERATOR OR AGENT SIGNED: [Signature]
STATE CORPORATION COMMISSION (Operator or Agent)

NOV 5 1985 DATE: July 3, 1985