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## STATE OF KANSAS KANSAS CORPORATION COMMISSION CONSERVATION DIVISION 130 South Market - Room 2078 Wichita, Kansas 67202

FORM CP-1 (3/92)

## WELL PLUGGING APPLICATION FORM (PLEASE TYPE FORM and File ONE Copy)

API # /5-083-10238-000 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.
WELL OPERATOR BEREXCO INC. KCC LICENSE # 5363 (owner/company name) (operator's)
ADDRESS P.O. BOX 20380 (owner/company name) (operator's)
STATE KANSAS ZIP CODE 67208 CONTACT PHONE # \(\beta\)16;265-3311
LEASE GUS MILLER WELL# 4 SEC. 8 T. 22S R. 22W XXXXI/West)
. C . NW . NW SPOT LOCATION/0000 COUNTY HODGEMAN
4620 FEET (in exact footage) FROM SYN (circle one) LINE OF SECTION (NOT Lease Line)
4620 FEET (in exact footage) FROM E (w) (circle one) LINE OF SECTION (NOT Lease Line)
Check One: OIL WELL X GAS WELL D&A SWD/ENHR WELL DOCKET#
CONDUCTOR CASING SIZE SET AT CEMENTED WITH SACKS
SURFACE CASING SIZE 8 5/8" SET AT 246' CEMENTED WITH 200SX . SACKS
PRODUCTION CASING SIZE 5 1/2" SET AT 4563' CEMENTED WITH 100SX SACKS
LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS:
ELEVATION 2272 KB T.D. 4575' PBTD 4502 ANHYDRITE DEPTH (Stone Corral Formation)
CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE
PROPOSED METHOD OF PLUGGING
(If additional space is needed attach separate page)
IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? IS ACO-1 FILED?
If not explain why?
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.
LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:
MARK LEIKER PHONE# (785) 628-6101
ADDRESS BOX 723 City/State HAYS.KANSAS 67601
PLUGGING CONTRACTOR Allied Cement Co. KCC LICENSE # 99996
ADDRESS (company name) (contractor's)  ADDRESS PHONE # ( )
PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 5-13-02 @ 3:30 pm
PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT
DATE: 5-6-02 AUTHORIZED OPERATOR/AGENT: (signature)