

API NUMBER 15-063-00131-00-01

LEASE NAME Coberly own

WELL NUMBER 2

4620 Ft. from S Section Line

3300 Ft. from E Section Line

SEC. 6 TWP. 15S RGE. 29 (E) or (W)

COUNTY Gove

Date Well Completed _____

Plugging Commenced 5-6-04

Plugging Completed 5-10-04

TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

LEASE OPERATOR Berexco, Inc.

ADDRESS P.O. Box 723 Hays, KS 67601

PHONE (785) 628-6101 OPERATORS LICENSE NO. 5363

Character of Well oil

(Oil, Gas, O&A, SMD, Input, Water Supply Well)

The plugging proposal was approved on _____ (date)
 by Herb Deines (KCC District Agent's Name).

Is ACC-1 filed? _____ if not, is well log attached? _____

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4360

Show depth and thickness of all water, oil and gas formations. 4350

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
	Surface		104	8 5/8	104	
	prod.		4349	5 1/2	4349	

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set.
Rig up Perf Tech. Perf @ 2075' + 1050' as per Herb Deines. T1H w/tbg to 4200' Pump 100sx 60/40 10% gel + 200# hulls. Pull tbg to 2200' Pump 175 SX w/300# hulls. Pull to 920' Mixed 50 SX TAN Rig up to 8 5/8 + put 25 SX down ann. Rig to 5 1/2 + top off w/25 SX No psi Used 375 SX 60/40 10% gel + 500# hulls.

Witness: Rich Williams KCC Hays

Name of Plugging Contractor Berexco, Inc. Company Tools License No. 99998 5363

Address P.O. Box 723 Hays, KS 67601

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Berexco, Inc.

STATE OF Kansas COUNTY OF Ellis, ss.

Mark Leifer (Employee of Operator) or (Operator) o above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained and the log of the above-described well as filed the the same are true and correct, so help me God.

(Signature) Mark Leifer

(Address) P.O. Box 723 Hays, KS 67601

SUBSCRIBED AND SWORN TO before me this 20th day of May, 2004

Marion Sue Vance
 Notary Public

My Commission Expires: 4-30-06

RECEIVED
 MAY 25 2004
 KCC WICHITA

MARION SUE VANCE
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 4-30-06

KCC
 Form 97-1
 Revised 05-88
 MAY 24 2004
 HAYS, KS