WELL PLUGGING RECORD CACHAN TU SINIC API NUMBER 1-22-1957 STATE CORPORATION COMMISSION K_A_R_-82-3-117 200 Colorado Derby Building 15-185-00039-0000 Wichita, Kansas 67202 LEASE NAME Bunselmever WELL NUMBER _ 1 TYPE OR PRINT NOTICE: Fill out completely __ Ft. from S Section Line and return to Coms. Div. office within 30 days. NE NE NE Ft. from E Section Lie LEASE OPERATOR Berexco, Inc. SEC. 2 TWP. 22 RGE. 13 (E) or (... COUNTY Stafford ADDRESS Box 723 Hays, Kansas 67601 Date Well Completed 1-22-1957 PHONE (913) 628 6101 OPERATORS LICENSE NO. 5363 Plugging Commenced _4-21-93 Character of Well _Oil 4-21-93 Plugging Completed ___ (Oli, Gas, D&A, SWD, Input, Water Supply Well) by ____ Duane_Ránkin___ (KCC District Agent's Name). is ACO-1 filed? _____if not, is well log attached?___ Producing Formation ______ Depth to Top______ Softom______T.D. Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Content From Size Put in Formation Pulled out Surface None None Describe in detail the manner in which the well was plugged, indicating where the mud fluid wa placed and the method or methods used in introducing it into the hole. If cement or other plug vere used, state the character of same and depth placed, from feet to feet each set Pump 325 sk. 65/35 6% gel down 5½ casing. Max. pressure 200 PSI. Shut in 50 PSI. Tie onto '8 5/8 pump 150 sk 65/35 6¢ gel down annulus max, pressure 200 PSI. Shut in 50 PSI. Berexco, Inc. 5363 Name of Plugging Contractor___ License No. STATE CORPORATION COMMISSION Address Box 723 Hays, Kansas 67601 NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____ Berexco. Inc.___ STATE OF Kansas COUNTY OF Ellis (Employee of Operator) Mr. Ted Crawford above-described well, being first duly sworn on oath, says: That I have knowledge of the flacts 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) /ell NOTARY PUBLIC-State of Kansas (Address) Bx 123 ROSEMARY SMITH My Appt Exp 5-1-199 before me this 22 day of ___

USE ONLY ONE SIDE OF EACH FORM

Revised 05-88

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Notary Public