**STATE CORPORATION COMMISSION**

130 S. Market, Room 2000
Wichita, KS 67202

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**RECEIVED APR 06 2004**

**KCC WICHITA**

**LEASE OPERATOR** Berexco, Inc.

**ADDRESS** P.O. Box 723
Hays, KS 67601

**PHONE** (785) 628-6101

**OPERATOR'S LICENSE NO.** 5363

**CHARACTER OF WELL** injection

(Oil, Gas, W.A., S.W., Input, Water Supply Well)

**TYPE OR PRINT**

**NOTICE:** Fill out completely and return to KCC. Blive office within 30 days.

**API NUMBER** 15147-45581-00-01

**LEASE NAME** Hummel

**WELL NUMBER** 2

**990'** Ft. from S Section Line

**4290'** Ft. from E Section Line

**SEC. 30, TWP. 14, RGE. 14 (E) or 14**

**COUNTY** Russell

**Drilled Well Completed** 3-6-63

**Plugging Completed** 8-12-03

The plugging proposal was approved on 8-20-03

by Herb Deines (KCC District Agent's Name).

Is ACD-1 filled? Yes

If not, Is well log attached?

Producing Formation Arb

**Depth to** Top Bottom T.D. 3202

3207

**OIL, GAS OR WATER RECORDS**

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
<th>Size</th>
<th>Put in</th>
<th>Pulled out</th>
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<tbody>
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<td>water</td>
<td></td>
<td>4005</td>
<td>5508</td>
<td>1503</td>
<td>100</td>
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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 Run the y-catcher to 2849', Release Loker & Pull: Run spoolended 78g. to 2956'

**Eligible Allied. Pump 100X 60/40 psi 10% & 500 * 450 # hulls. Full to 1049'. Pump 100 60/40 psi 10% & 500 * 450 # hulls. Can to surf on 3/2 + 3.5%. Pull thru. Put 30X down to 3/4. 41/2 to surf on 3/4 + 3.5% Witnessed by Jay Meiter & Co. Hays**

**Name of Plugging Contractor** Berexco, Inc.

**Company Tools License No.** 5363 99998

**Address** P.O. Box 723
Hays, KS 67601

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

**STATE OF Kansas**

**COUNTY OF Ellis**

**Bob Grant**

(Employee of Operator) or (Operator) 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 same are true and correct, so help me God.

(Signature)

Robert Grant

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

SUBSCRIBED AND SWORN TO before me this 14th day of August, 2003

Marion Sue Vance

Notary Public

My Commission Expires: APR 05 2004

Form 5-4 Revised 03-98

KCC

HAYS, KS