WELL PLUGGING RECORD
K.A.R. - 82-3-117

API NUMBER 15 065 21023 -00-00
LEASE NAME Berexco, Inc.
WELL NUMBER 2

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

TYPE OR PRINT

Character of Well Oil
(Oil, Gas, D&A, SWD, Input, Water Supply Well)
The plugging proposal was approved on 11-30-94 (date)
by Carl Goodrow (KCC District Agent's Name).

Is ACO-1 filed? If not, is well log attached?

Producing Formation Depth to Top ______ Bottom ______ T.D. ______

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Surface</td>
<td>0</td>
<td>326</td>
<td></td>
<td>8 5/8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casing</td>
<td>0</td>
<td>3994</td>
<td></td>
<td>51/4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 plugs were used, state the character of same and depth placed, from feet to feet each stage. Pump 10 sk cement. Shut in 400# PSI. Well had been 2 staged. Pump in casing 315 sks 60/40 with 10% gel with 580# hulls. Shut in 1000# PSI.

Name of Plugging Contractor Berexco, Inc.
License No. 5363

Address Box 723 Hays, Kansas 67601

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

STATE OF Kansas COUNTY OF Ellis, ss.

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

(Signature) ________________

(Address) Berexco, Inc.

My Commission Expires: 5-1-1995

NOTARY PUBLIC-State of Kansas
ROSEMARY SMITH
My Appointment and Sworn To before me this 6 day of December, 1994

My Commission Expires: 5-1-1995

RECEIVED COMMISSION
DEC 8, 1994

FORM OF NOTARIZED STATEMENT OF FACTS

WITNESSING: WITNESS A. KANSAS