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

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

API # 15-063-00131-60-01 (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: Berecgo, Inc. (Owner/Company name)
KCC LICENSE # 5363 (operator's)

ADDRESS: P.O. Box 723
CITY: Hays

STATE: KS
ZIP CODE: 67601
CONTACT PHONE #: (785) 628-6101

LEASE: Coberly
WELL#: 2
SEC.: 6
T.: 155
R.: 29
(East/West)

NE.-NW. SPOT LOCATION/WW.
COUNTY: Gove

4620 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)
3300 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check one: OIL WELL __ GAS WELL __ D&A __ SWD/ENHR WELL __ DOCKET # ___________

CONDUCTOR CASING SIZE: SET AT __________ CEMENTED WITH __________ SACKS
SURFACE CASING SIZE: 8 5/8 SET AT __________ CEMENTED WITH __________ SACKS
PRODUCTION CASING SIZE: 5 1/2 SET AT __________ CEMENTED WITH __________ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3739-52, 3752-57, 3788-91, 3877-79, 4151-54, 4163-46, 4193-49
EDITION: 2654, 2659, T.D.: 4360, PBD: 4138
(Stone Corral Formation)

CONDITION OF WELL: GOOD __ POOR __ CASING LEAK __ JUNK IN HOLE __

PROPOSED METHOD OF PLUGGING: Plugging of this well will be done in accordance w/rules & reg. of the state of Kansas.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? YES __ 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: P.O. Box 723
City/State: Hays, KS 67601

PLUGGING CONTRACTOR: Company Tools (company name)
KCC LICENSE # 99998 (contractor's)

ADDRESS: ________________________ PHONE #: ( )

PROPOSED DATE AND HOUR OF PLUGGING (If Known?): __m/d/y

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT
DATE: 4-28-04 AUTHORIZED OPERATOR/AGENT: Mark ________________

(Signature) MAY 14, 2004
HAYS, KS