KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division 1157107

Form CP-111 June 2011 Form must be Typed Form must be signed All blanks must be complete

## **TEMPORARY ABANDONMENT WELL APPLICATION**

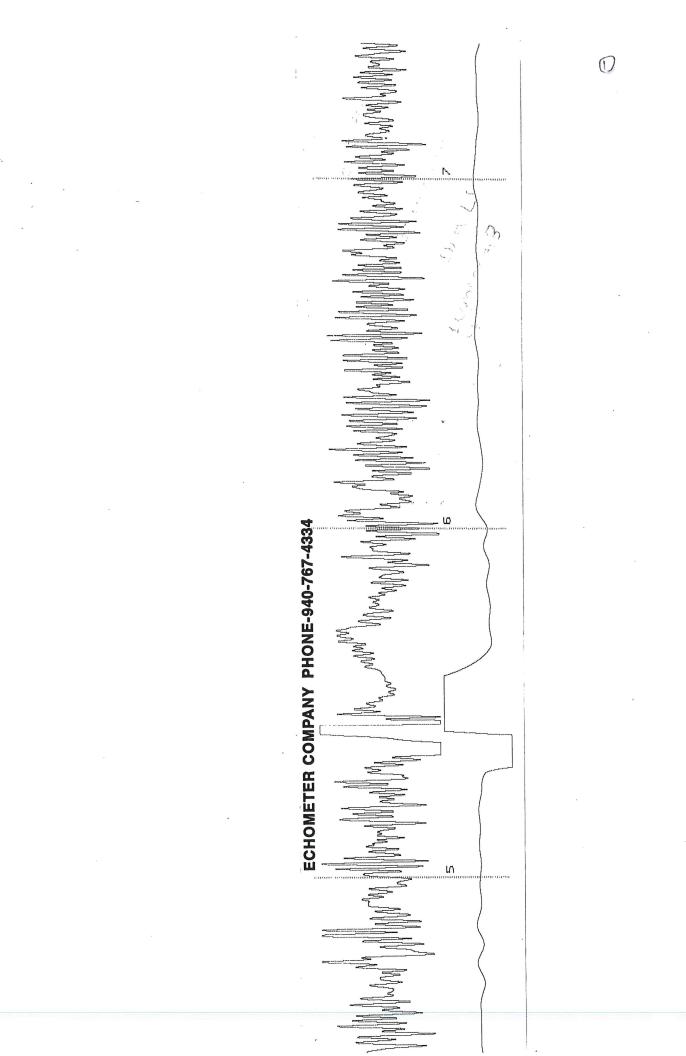
| OPERATOR: License#          |                    |                    |          | API No. 15        |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
|-----------------------------|--------------------|--------------------|----------|-------------------|--------------|------------------------|----------|------|----------|------|--------------------------------|---------|-----|------------------------------|--|---------------|--|--------|--|--|
| Name:                       |                    |                    |          | Spot Description: |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Address 1:                  |                    |                    |          |                   | Sec          | Twp S                  | S. R     | [] ! | E 🗌 W    |      |                                |         |     |                              |  |               |  |        |  |  |
| Address 2:                  |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
|                             |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     | SWD Permit #: ENHR Permit #: |  |               |  |        |  |  |
|                             |                    |                    |          |                   |              |                        |          |      |          |      | ield Contact Person Phone: ( ) |         |     |                              | Gas Storage Permit #: Spud Date: Date Shut-In: |               |  |        |  |  |
|                             |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     | Spud Date:                   |  | Date Shut-In: |  |        |  |  |
|                             |                    |                    |          |                   |              |                        |          |      |          |      | Conductor                      | Surface | Pro | duction                      | Intermediate                                   | Liner         |  | Tubing |  |  |
|                             |                    |                    |          |                   |              |                        |          |      |          | Size |                                |         |     |                              |  |               |  |        |  |  |
| Setting Depth               |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Amount of Cement            |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Top of Cement               |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Bottom of Cement            |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Casing Fluid Level from Su  | Irface:            | How Det            | ermined? |                   |              |                        | _ Date:  |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Casing Squeeze(s):          | b) to w            | sacks of cer       | ment,    | to                | (bottom) w / | sacks of cement        | t. Date: |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Do you have a valid Oil & O | Gas Lease? 🗌 Yes [ | No                 |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Depth and Type: Dunk        | in Hole at [       | Tools in Hole at   | Ca       | sing Leaks:       | Yes No Dep   | th of casing leak(s):  |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Type Completion:            |                    |                    |          |                   |              |                        |          |      | f cement |      |                                |         |     |                              |  |               |  |        |  |  |
| Packer Type:                |                    |                    |          |                   |              |                        | ,        |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
|                             |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Total Depth:                | Plug Ba            | ck Depth:          | F        | Plug Back Meth    | od:          |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Geological Date:            |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| Formation Name              | Formation          | Top Formation Base |          |                   | Completio    | on Information         |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |
| 1                           | At:                | to Feet            | Perfo    | ration Interval   | to F         | Feet or Open Hole Inte | erval    | to   | Feet     |      |                                |         |     |                              |  |               |  |        |  |  |
| 2                           | At:                | to Feet            | Perfo    | ration Interval - | to F         | Feet or Open Hole Inte | erval    | to   | Feet     |      |                                |         |     |                              |  |               |  |        |  |  |
|                             |                    |                    |          |                   |              |                        |          |      |          |      |                                |         |     |                              |  |               |  |        |  |  |

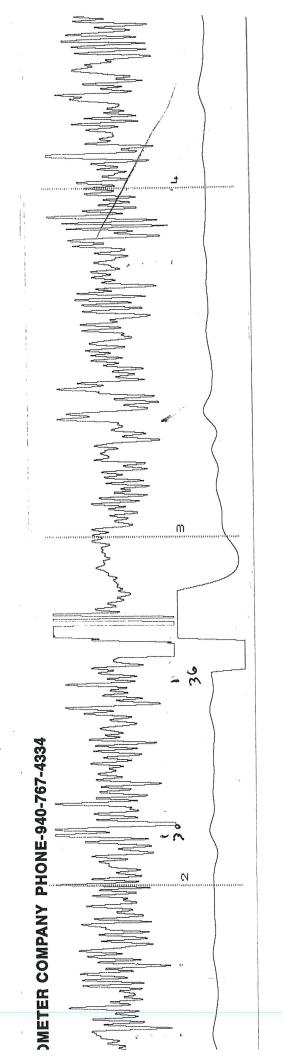
## Submitted Electronically

| <i>Do NOT Write in This<br/>Space -</i> KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                                 |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 D                               | enied Date:  |           |               |                |                           |

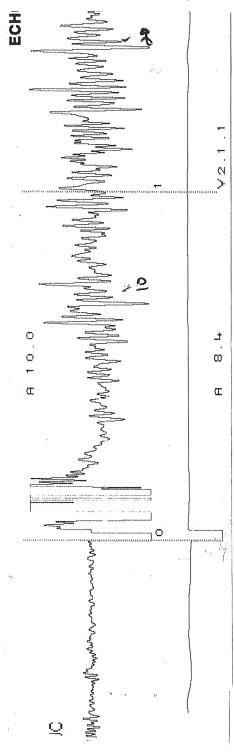
## Mail to the Appropriate KCC Conservation Office:

|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
|  | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| Image: Section 100 and | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |





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Phone: 620-225-8888 Fax: 620-225-8885 http://kcc.ks.gov/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

September 25, 2013

EVAN C. MAYHEW BEREXCO LLC 2020 N. BRAMBLEWOOD WICHITA, KS 67206

Re: Temporary Abandonment API 15-055-20941-00-00 FRANCES 3-20 SW/4 Sec.20-22S-33W Finney County, Kansas

Dear EVAN C. MAYHEW:

Your application for Temporary Abandonment (TA) of the above-listed well is denied for the following reasons(s):

## OVR10 - Shut in over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by October 25, 2013.

You may file an application for an exception to the 10-year limitation in K.A.R. 82-3-111 to demonstrate why it is necessary to TA the above well for more than (10) years. You must notify the Commission in writting no later than October 25, 2013 of your intention to file the application, and your complete application is due November 24, 2013. All applications and written notifications must be sent to the attention of the Excutive Director at the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

You may contact me at the number above if you have any questions.

Sincerely,

Steve Pfeifer