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 Descr   | iption:      |  |                      |            |        |           |                               |                 |                              |  |  |
| Address 1:   |           |  |  |  | Sec.         | Tv   | wp                   | _ S. R     |        | E W       |                               |                 |                              |  |  |
| Address 2:   |           |  |  |  |              |  |                      | = :        | =      |           |                               |                 |                              |  |  |
| City:  | State:    | _ Zip: + _   |  |  | on: Lat:     |  |                      |            |        | f Section |                               |                 |                              |  |  |
| Contact Person:  |           |  |  | GPS Location: Lat:         (e.g. xx.xxxxxx)         Leg. xx.xxxxxxxx         (e.gxxx.xxxxxxx)           Datum:         NAD27         NAD83         WGS84           County:         Elevation:         GL         KB           Lease Name:         Well #:         Well #:         Well Type: (check one)         Oil Gas Go WSW         Other:   |              |  |                      |            |        |           |                               |                 |                              |  |  |
|  |           |  |  |  |              |  |                      |            |        |           | Field Contact Person:         |                 |                              |  |  |
|  |           |  |  |  |              |  |                      |            |        |           | Field Contact Person Phone: ( |                 | SWD Permit #: ENHR Permit #: |  |  |
| ,  | ,         |  |  |  |              |  |                      |            |        |           |                               | orage Permit #: |                              |  |  |
|  |           |  |  | Spud Date.   |              |  | Jale Shul-ii         |            |        |           |                               |                 |                              |  |  |
|  | Conductor | Surface  | F  | Production   | Intermediate | :  | Liner                |            | Tubinç | ı         |                               |                 |                              |  |  |
| Size   |           |  |  |  |              |  |                      |            |        |           |                               |                 |                              |  |  |
| Setting Depth  |           |  |  |  |              |  |                      |            |        |           |                               |                 |                              |  |  |
| Amount of Cement   |           |  |  |  |              |  |                      |            |        |           |                               |                 |                              |  |  |
| Top of Cement  |           |  |  |  |              |  |                      |            |        |           |                               |                 |                              |  |  |
| Bottom of Cement   |           |  |  |  |              |  |                      |            |        |           |                               |                 |                              |  |  |
|  |           |  |  |  |              |  |                      | ent. Date: | :      |           |                               |                 |                              |  |  |
| Casing Squeeze(s):   | to w      | / sacks of  No  Tools in Hole at  of: DV Tool:  (deg   | depth) W /   | Casing Leaks:   / sacks ch Set at:   | (bottom) W / | sace sace sace sace sace sace sace sace                              | cks of ceme          |            |        |           |                               |                 |                              |  |  |
| Casing Squeeze(s):   | to w      | / sacks of  No  Tools in Hole at  of: DV Tool:  (deg   | depth) W /   | Casing Leaks:   / sacks ch Set at:   | (bottom) W / | sace sace sace sace sace sace sace sace                              | cks of ceme          |            |        |           |                               |                 |                              |  |  |
| Casing Squeeze(s):   | to w      | / sacks of  No  Tools in Hole at  of: DV Tool:  (deg   | depth) W /   | Casing Leaks:   / sacks ch Set at:   | Yes No Do    | sace sace sace sace sace sace sace sace                              | cks of ceme          |            |        |           |                               |                 |                              |  |  |
| Casing Squeeze(s):   | to w w w  | / sacks of  No  Tools in Hole at  of: DV Tool:  (deg  ack Depth:   | depth) (   | toto Casing Leaks: / sacks ch Set at:  | Yes No Do    | san                              | cks of ceme          | _ w /      | sack ( | of cement |                               |                 |                              |  |  |
| Casing Squeeze(s):   | to w      | / sacks of  No  No Tools in Hole at  | cement, (cement, | tototo   | W /          | epth of casin ort Collar: Feet etion Informa _ Feet or O             | g leak(s): _ (depth) | _ w /      | sack ( | of cement |                               |                 |                              |  |  |
| Casing Squeeze(s):   | to w      | No Sacks of No Sac | depth) W / Inc   | Casing Leaks:   / sacks ch Set at:  Plug Back Meth   | W /          | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s): _ (depth) | _ w /      | sack ( | of cement |                               |                 |                              |  |  |
| Casing Squeeze(s):   | to w      | No Sacks of No Sac | depth) W / Inc   | Casing Leaks: Casing Leaks: Sacks  Ch Set at: Sacks  Plug Back Meth  reforation Interval of Castalane Buen   | W /          | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s): _ (depth) | _ w /      | sack ( | Feet Feet |                               |                 |                              |  |  |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Gas  Depth and Type:  Junk in H  Type Completion:  Packer Type:  Total Depth:  Geological Date:  Formation Name  1.  2.  Do NOT Write in This | to        | No Sacks of No Sac | eet Per itted El   | Casing Leaks: Ca | W /          | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s):           | _ w /      | to     | Feet Feet |                               |                 |                              |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY   | to        | No No Tools in Hole at   | eet Per itted El   | Casing Leaks: Ca | W /          | epth of casin ort Collar: Feet etion Informa _ Feet or O _ Feet or O | g leak(s):           | _ w /      | to     | Feet Feet |                               |                 |                              |  |  |



Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

November 06, 2014

Evan Mayhew BEREXCO LLC 2020 N. Bramblewood Wichita, KS 67206-1094

Re: Temporary Abandonment API 15-151-20251-00-00 Ford Unit 1 SW/4 Sec.09-29S-11W Pratt County, Kansas

## Dear Evan Mayhew:

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

## Shut-in Over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by December 06, 2014.

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 December 06, 2014 of your intention to file the application, and your complete application is due January 05, 2015. All applications and written notifications must be sent to the attention of the Executive 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,

Michael Maier