



TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied 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
	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

MAY 27 2010

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-26927

Disposal Enhanced Recovery:

E/2 SW NE, Sec 17, T 30 S, R 15 #1W

Repressuring

3360 Feet from South Section Line

Flood

1580 Feet from East Section Line

Tertiary

Date injection started

Lease Lee

Well # 1-19

API #15 -007 -21621-0002

County Barber

Operator: Berexco LLC

Operator License # 34318

Name & Address

Contact Person Evan Mayhew

PO Box 20380
Wichita, KS.

Phone 316-265-3311

Max. Auth. Injection Press. 1000psi; Max. Inj. Rate 600 bbl/d;

If Dual Completion - Injection above production Injection below production

	Conductor	Surface	Production	Liner	Size	Tubing
Size		8 5/8"	4 1/2"			NA
Set at		10.35'	4795'			
Cement Top		0	4048'			
" Bottom		10.35'	4795'			
DV/Perf.			TD (and plug back) 4795 (4720)			ft. depth
Packer type	CIRP		Size 4 1/2		Set at 4418'	
Zone of injection	Cherokee + Viola ft. to ft. 4502-10, 4520-30 Perf. or open hole Perfs.					

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

I Pressures: 300# 300# 300# Set up 1 System Pres. during test 0

L Set up 2 Annular Pres. during test 300#

D Set up 3 Fluid loss during test 0 bbls.

D Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with a CIRP

Test Date 5/06/2010 Using High Sierra Transportation LLC Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4418 feet

was the zone tested Evan Mayhew Signature DIVISION ENGINEER Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Stephen J Pfeifer Title PART III Witness: Yes No

REMARKS: CSG test; TA'd well

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update

5-28-10
xe:WF
Jason

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/>

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

Sam Brownback, Governor

June 19, 2014

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

Re: Temporary Abandonment
API 15-007-21621-00-02
Lee 1-17
NE/4 Sec.17-30S-15W
Barber County, Kansas

Dear Evan Mayhew:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 06/19/2015.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 06/19/2015.

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

Very truly yours,

Steve Pfeifer"