



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

CASING MECHANICAL INTEGRITY TEST

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

Date injection started
API #15- 163-22673-00-01

MIT For TA Purposes

JUL 09 2012

WOLF CREEK
CKET# E-10108

NW NW SE SE, Sec 12, T 9 S, R 17 E/W
1125 Feet from South Section Line
1200 Feet from East Section Line
Lease Dana Smith Well # 5
County Rooks

Operator: Berexo LLC
Name & Address P.O. Box 723
Hays KS. 67601

Operator License# 34318
Contact Person Curt Gabel
Phone 785-628-6101



Max. Auth. Injection Press _____ Psi; Max Inj. Rate _____ bbl/d;

Table with 6 columns: Conductor, Surface, Production, Liner, Size, Tubing. Rows include Set at, Cement Top, and Bottom.

DV/Perf. TD (and plug back) 3520 PA 3350 CIAP 3120' ft. depth
Packer type CIAP-3120' Size _____ Set at 3120

Zone of injection 3177 ft. to ft. 3302 Perf. or open hole

Type MIT: Pressure: 02 Radioactive Tracer Survey: _____ Temperature Survey: _____

F Time: Start 0 Min 15 Min 30 Min
I
E Pressures: 300 320 340 Set up 1 System Pres. during test
L
D Set up 2 Annular Pres. during test
D Set up 3 Fluid loss during test _____ bbls.

T Tested: Casing [X] or Casing - Tubing Annulus _____

The bottom of the tested zone in shut in with CIAP @ 3120

Test Date 7-2-2012 Using Black Hawk Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3120 feet

was the zone tested [Signature] Signature Title

The results were Satisfactory [X] Marginal _____ Not Satisfactory _____

State Agent: [Signature] Title: PART II Witness: YES [X] NO _____

REMARKS: TOOK 60 BBL TO LOAD Spd off patts started drilling out got out of CSB.

KCC Orgin. Conservation Div.: _____ KDHE/T: 04 Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) [X]

GPS Lat 39.281240N GPS Long 099.16250
1151' FSL 1179' FEL
NW NW SE SE
(If YES please describe in REMARKS) KCC Form U-7

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-625-0550
Fax: 785-625-0564
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

June 17, 2014

Bruce Meyer
BEREXCO LLC
2020 N. Bramblewood
Wichita, KS 67206-1094

Re: Temporary Abandonment
API 15-163-22673-00-01
Dora Smith 5
SE/4 Sec.12-09S-17W
Rooks County, Kansas

Dear Bruce Meyer:

"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 06/17/2015.

- * 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 06/17/2015.

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

Very truly yours,

RICHARD WILLIAMS"