



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

BUCKET# E-076070007

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

SE SW SE , Sec 17 , T 15 S,R 13 W

330 Feet from South Section Line
1650 Feet from East Section Line

Date injection started
API #15- 167.22689.00.00

Lease Tom Sellen's Well # 16-L
County Russell

Operator: Berexco LLC
Name & Address P.O. Box 723
HAYS, KANSAS 67601

Operator License# 34318
Contact Person Dennis Kirmer
Phone 36 316 772.6449

KCC
JUL 11 2013
HAYS, KS

Max. Auth. Injection Press _____ Psi; Max Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor Surface Production Liner
Size _____ 8 5/8" _____ 5 1/2" _____
Set at _____ 859' w/ _____ 3394' w/ _____
Cement Top _____ 0 350 _____ 1930' 290 _____
" Bottom _____ 859' SX _____ 3394' SX _____
DV/Perf. ALT I TD (and plug back) TO 3398' PBTD 3353 ft. depth
Packer type ADI BAKER Size 2 3/8 x 5/2" Set at 2965
Zone of injection 300' ft. to ft. 3162 Perf. or openhole Perf

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

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

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with A PACKER
Test Date 07/08/2013 Using SCHNEIDER TANK SERVICE Company's Equipment
The operator hereby certifies that the zone between 10 feet and 2965 feet
was the zone tested Dennis Kirmer Foreman
Signature Title

The results were Satisfactory Marginal Not Satisfactory PASSED
State Agent: Ray A. Oinked Title: PIRT II Witness: YES X NO

REMARKS:
KCC Origin. Conservation Div.: KDHE/T: 4 Dist. Office
Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) N

GPS Lat 38.74132 GPS Long 098.78728
354 F.S.L. 1644 F.E.L.

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 18, 2014

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

Re: Temporary Abandonment
API 15-167-22689-00-00
T Sellens 16-l
SE/4 Sec.17-15S-13W
Russell 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 06/18/2015.

- * 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 06/18/2015.

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

Very truly yours,

RICHARD WILLIAMS"