



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 _____ (depth) Tools in Hole at _____ (depth) Casing Leaks: Yes No Depth of casing leak(s): _____
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: Yes 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

MAR 10 2014

WCF

DOCKET # E-31,845

Disposal Enhanced Recovery:

NW NE SW Sec 2, T 29 S, R 33 E

Repressuring
Flood
Tertiary

2310 (2350) Feet from South Section Line
3480 (3485) Feet from East Section Line

Date injection started _____
API #15 - 081 - 20815-00-01

Lease DENNIS UNIT Well # 5-2
County HASKEN

Operator: BEREXCO, LLC
Name & Address 2020 N. BRAMBLEWOOD ST.
WICHITA, KS 67206

Operator License # 34318
Contact Person GREG KLAUS
Phone (620) 853-3155

Max. Auth. Injection Press. 800 psi; Max. Inj. Rate 2000 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		858"	5 1/2"		2 3/8"	
Cement Top		1750'	5763'		Set at	5381
" Bottom		0	4244'		Type	SEALTITE
Perf. @		1750'	5763'			
Packer type		TD (and plug back)	5763 (51034)			ft. depth
Zone of injection		Size	2 3/8" x 5 1/2"		Set at	5381
		ft. to ft.	5410-20		Perf. or open hole	PERF

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

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

I Pressures: 300 340 380 Set up 1 System Pres. during test 0

L Set up 2 Annular Pres. during test 300-38

D Set up 3 Fluid loss during test 0 bbls.

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with A PACKER

Test Date 2/27/14 Using HEAT WAVES Company's Equipment

The operator hereby certifies that the zone between 0 feet and 5381 feet

was the zone tested [Signature] [Title]

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent KENNY SILLING Title PILOT Witness: Yes No _____

REMARKS: INITIAL TEST. RETEST IN 5 YEARS

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

MAR - 5 2014 GPS entered 37.55402 -100.90183
KCC DODGE CITY
COPY
KCC Form U-7 6/84
3/7/14 NP SCANNED

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 15-081-20815-00-01
Dennis Unit 5-2
SW/4 Sec.02-29S-33W
Haskell 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"