



TEMPORARY ABANDONMENT WELL APPLICATION

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

W

37.91847-98.18480

DEC 08 2009

DOCKET # E-26989.3

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring

Flood

Tertiary

Date injection started _____

API #15 -155 -20566-00-01

N2 NW SE, Sec 34, T 24 S, R 8 E (W)

2310 Feet from South Section Line

1980 Feet from East Section Line

Lease Trembley Unit Well # 7X

County Reno

Operator: BEREXCO Operator License # 5363

Name & Address: PO Box 20380, Wichita, KS. 67208

Contact Person: JASON BRUNS

Phone: 620-440-0170

Max. Auth. Injection Press. 1250 psi; Max. Inj. Rate 1000 bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
		8 5/8	5.5		2 3/8	
Set at		222	3578		Set at	3488
Cement Top		0	1005X		Type	Duro-lined
" Bottom		222	3578			
DV/Perf.	Lock set		TD (and plug back)			ft. depth
Packer type	Lock set - Tension		Size 5.5 X 2 3/8		Set at	3488
Zone of injection		3492 ft. to ft.	3498		Perf. or open hole	Perf

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

Time: Start 0 Min. 15 Min. _____ Min. _____

Pressures: 540 500 480 Set up 1 System Pres. during test 1100

580 580 580 Set up 2 Annular Pres. during test 580

Set up 3 Fluid loss during test 0 bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Packer

Test Date 11-30-09 Using MaxiDize-Winfield, KS Company's Equipment

The operator hereby certifies that the zone between 3492 feet and 3498 feet was the zone tested

Signature: Jason Bruns Title: Toolman

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent BO Hope Title ART Witness: Yes No _____

REMARKS: System Retest - Backside Filled with Treated H2O - Fresh Water Flood!

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

Conservation Division
District Office No. 2
3450 N. Rock Road
Building 600, Suite 601
Wichita, KS 67226



Phone: 316-630-4000
Fax: 316-630-4005
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

September 16, 2014

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

Re: Temporary Abandonment
API 15-155-20566-00-01
Trembley Unit 7X
SE/4 Sec.34-24S-08W
Reno County, Kansas

Dear Evan Mayhew:

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

**No current
witnessed MIT**

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by October 16, 2014.

Sincerely,

BJ Hope