



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: <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

For TA Purpose DC SET# E-27,010-00-01

Disposal Well Enhanced Recovery: Repressuring Flood Tertiary

NE SE NW **WELL FILE** Sec 16 T 14 S,R 17 E/W

3630 Feet from South Section Line 2970 Feet from East Section Line

Date injection started _____ API #15- 051-19130-00-01

Lease Dinkel Well # 4 County Ellis

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

Operator License# 34318 Contact Person Curt Gabel Phone 785-623-0546

KCC NOV 04 2013 HAYS, KS

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

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		8 5/8"	5 1/2"		Set at	2 7/8"
Cement Top		212	3589'		Set at	3200'
" Bottom		w/100SKS	w/200SKS		Type	Work String

DV/Perf. PC @ 1168 cwc to 60' TD (and plug back) 3590 ABTD-3450 ft. depth

Packer type Lock Set Size _____ Set at 3200 Zone of injection 3267 ft. to ft. 3438 Perf. or open hole Perforations

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

F Time: Start 0 Min 15 Min 30 Min I Pressures: 340 340 340 Set up 1 System Pres. during test _____ Set up 2 Annular Pres. during test _____ 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 10-31-2013 Using Stewart Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3200 feet

was the zone tested [Signature] Signature Title

The results were Satisfactory Marginal _____ Not Satisfactory _____ **PASSED**

State Agent: [Signature] Title: PERTH Witness: YES NO

REMARKS: MIT with work string

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)**

IPS Lat 38.83749 GPS Long 099.21692 (If YES please describe in REMARKS) KCC Form U-7

3586 FSL 2818 FEL SE NESE NW

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

October 03, 2014

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

Re: Temporary Abandonment
API 15-051-19130-00-01
Dinkel 4
NW/4 Sec.16-14S-17W
Ellis 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 10/03/2015.

- * 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 10/03/2015.

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

Very truly yours,

RICHARD WILLIAMS"