Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

|   |                                 |   |  | API No. 15-                                    |                  |   |          |      |      |                             |              |            |      |        |                 |
|---|---------------------------------|---|--|--|------------------|---|----------|------|------|-----------------------------|--------------|------------|------|--------|-----------------|
| Name:   |                                 |   |  | Spot Descri                                    | iption:          |   |          |      |      |                             |              |            |      |        |                 |
| Address 1:  |                                 |   |  |  | Sec              | Twp   | S. R     | E    | : W  |                             |              |            |      |        |                 |
| Address 2:  |                                 |   |  |  |                  | feet from   | = =      | =    |      |                             |              |            |      |        |                 |
| City:       State: Zip: +         Contact Person:       Phone:( )         Contact Person Email:       Contact Person Email: |                                 |   |  | GPS Location: Lat:                             |                  |   |          |      |      |                             |              |            |      |        |                 |
|   |                                 |   |  |  |                  |   |          |      |      | Field Contact Person:       |              |            |      |        |                 |
|   |                                 |   |  |  |                  |   |          |      |      | Field Contact Person Phone: |              |            |      |        |                 |
|   |                                 |   |  |  |                  |   |          |      |      |                             | (            |            |      |        | orage Permit #: |
|   |                                 |   |  |  |                  |   |          |      |      | Spud Date:                  |              | Date Shut- | ·in: |        |                 |
|   | Conductor                       | Surface   | Pro  |  |                  |   |          |      |      | duction                     | Intermediate | Liner      |      | Tubing |                 |
| Size  |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Setting Depth   |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Amount of Cement  |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Top of Cement   |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Bottom of Cement  |                                 |   |  |  |                  |   |          |      |      |                             |              |            |      |        |                 |
| Do you have a valid Oil & Gas  Depth and Type:  | Hole at [  ALT. II Depth  Size: | Tools in Hole at                                  | w / _<br>Inch                                    | sacks  | s of cement Por  | t Collar:(depth)                                    |          |      |      |                             |              |            |      |        |                 |
|   |                                 | ick Deptn:  |  | Flug back ivietti                              | od:              |   |          |      |      |                             |              |            |      |        |                 |
| Geological Date:  |                                 | іск Deptn:  |  | Flug Back Meth                                 | od:              |   |          |      |      |                             |              |            |      |        |                 |
| Geological Date: Formation Name   |                                 | n Top Formation Base                              |  | Flug back Metri                                |                  | ion Information                                     |          |      |      |                             |              |            |      |        |                 |
| Formation Name  | Formation                       |   |  |  | Completi         |   | Interval | to   | Feet |                             |              |            |      |        |                 |
| -   | Formation                       | Top Formation Base                                | Perfo  | ration Interval <sub>-</sub>                   | Completi<br>to   | on Information                                      |          |      |      |                             |              |            |      |        |                 |
| Formation Name  1   | Formation At:                   | Top Formation Base to fo Feet to Feet             | Perfo  | ration Interval <sub>-</sub> ration Interval - | Completi         | ion Information Feet or Open Hole Feet or Open Hole |          |      |      |                             |              |            |      |        |                 |
| Formation Name  1   | Formation At:                   | Top Formation Base to to Feet to Feet Submitte    | Perfo  | ration Interval _<br>ration Interval _         | Completi         | ion Information Feet or Open Hole Feet or Open Hole | Interval |      | Feet |                             |              |            |      |        |                 |
| Do NOT Write in This  | Formation At: At: Date Tested:  | Top Formation Base to to Feet to Feet Submitte    | Perfo<br>Perfo<br>CTION COL<br>ed Ele<br>esults: | ration Interval                                | Completi toto to | Feet or Open Hole Feet or Open Hole                 | Interval | toto | Feet |                             |              |            |      |        |                 |
| Do NOT Write in This Space - KCC USE ONLY   | Formation At: At: Date Tested:  | Top Formation Base to to Feet to Feet Submitte Re | Perfo<br>Perfo<br>CTION COL<br>ed Ele<br>esults: | ration Interval                                | Completi toto to | Feet or Open Hole Feet or Open Hole                 | Interval | toto | Feet |                             |              |            |      |        |                 |

| Sum   Sum | 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 |

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/

Sam Brownback, Governor

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

May 11, 2015

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

Re: Temporary Abandonment API 15-167-21595-00-00 Chrisler-Elliott Waterflood 12 NE/4 Sec.07-11S-15W Russell County, Kansas

## Dear Bruce Meyer:

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

## Shut-in Over 10 years

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by June 10, 2015.

You may file an application for an exception to the 10-year limitation in K.A.R. 82-3-111 to demonstrate why it is necessary to TA the above well for more than (10) years. You must notify the Commission in writting no later than June 10, 2015 of your intention to file the application, and your complete application is due July 10, 2015. All applications and written notifications must be sent to the attention of the Executive Director at the Kansas Corporation Commission Conservation Division at 130 South Market, Room 2078, Wichita, Kansas 67202.

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

Sincerely,

RICHARD WILLIAMS