



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

APR 15 2015 ^{HJH} _{2)WTF} POCKET# D-26,398

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

SW -SE- SE, Sec 16, T 10 S,R 31 E
330 Feet from South Section Line
990 Feet from East Section Line
Lease Thipse Well # 1
County Thomas

Date injection started _____
API #15- 193-20,568

Operator: Berardo LLC
Name & Address 2020 N. Bramblewood
Wichita Ks 67206-1094

Operator License# 34318
Contact Person Mark Leihar
Phone 316-772-8649

KCC
APR 09 2015
HAYS, KS

Max. Auth. Injection Press 0 Psi; Max Inj. Rate 500 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>8 5/8</u>	<u>4 1/2</u>		Set at	<u>2 3/8</u>
Cement Top		<u>332</u>	<u>2569</u>		Type	<u>2256</u>
" Bottom		<u>W/200SX</u>	<u>W/450SX</u>			<u>S.T.</u>
DV/Perf.	<u>CWC from 2569' to 0' w/ 450SX</u>	<u>332</u>	<u>2569</u>			
Packer type	<u>Tension</u>	Size	<u>4 1/2</u>	Set at	<u>2256</u>	ft. depth
Zone of injection	<u>C.H. 2313</u>	ft. to ft.	<u>2325</u>	Perf. or open hole	<u>Perf</u>	

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

F Time: Start 0 Min 15 Min 30 Min
I
E Pressures: 320 320 _____ Set up 1 System Pres. during test 0
L
D _____ Set up 2 Annular Pres. during test 320
D
A Set up 3 Fluid loss during test _____ bbls.

T Tested: Casing or Casing - Tubing Annulus

PASSED

The bottom of the tested zone in shut in with packer
Test Date April 7, 2015 Using RPM Services LLC Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2256 feet
was the zone tested X Mark Leihar Foreman
Signature Title

The results were Satisfactory Marginal _____ Not Satisfactory _____
State Agent: Harrel Lipman Title: PIRT II Witness: YES NO _____

REMARKS: Fluid pressure.

KCC Orgin. Conservation Div.: KCC KDHE/T: 04 Dist. Office
 Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)
GPS Lat 39.17774 GPS Long -100.78071 (If YES please describe in REMARKS)
FSL _____ FEL _____ KCC Form U-7

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

July 23, 2015

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

Re: Temporary Abandonment
API 15-193-20568-00-00
Flipse 1 SWD
SE/4 Sec.16-10S-31W
Thomas County, Kansas

Dear Evan Mayhew:

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 August 22, 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 writing no later than August 22, 2015 of your intention to file the application, and your complete application is due September 21, 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