



**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

<b>Do NOT Write in This Space - KCC USE ONLY</b>	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

DOCKET # C-17,005

Disposal Well  Enhanced Recovery:  
Repressuring   
Flood   
Tertiary

SW SW NW, Sec 22, T 10 S, R 25 E (W)  
GPS  
295.3 Feet from South Section Line  
4947 Feet from East Section Line

**WELL FILE**

Date injection started \_\_\_\_\_  
API # 15-065 - 00633 - 0001 MAR 20 2012

Lease Brunngardt AB Well # 2  
County Greaham

Operator: Beron Corporation  
Name & Address 2020 N Bramblewood  
Wichita, Ks 67206

Operator License # 5364  
Contact Person Mark Leiker  
Phone 316-772-8649

Max. Auth. Injection Press. \_\_\_\_\_ Psi; Max Inj. Rate 2000 bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

Conductor	Surface	Production	Liner	Size	Tubing
Set at _____	<u>8 5/8</u>	<u>4 1/2</u>	_____	_____	<u>2 3/8</u>
Cement Top _____	<u>202</u>	<u>2217</u>	_____	Set at _____	<u>1797</u>
" Bottom _____	<u>W/150sx LWC</u>	<u>CWC 500SX</u>	_____	Type _____	<u>P.L.</u>
DV/Perf. <u>CWC from 2217</u>	_____	_____	_____	_____	_____
Packer type <u>Turbo</u>	_____	_____	_____	_____	_____
Zone of injection <u>C.H. 1820</u>	ft. to ft. <u>1934</u>	Perf. or open hole <u>Perf</u>	_____	_____	_____

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

F Time: Start 0 Min. 10 Min. 20 Min.  
I  
E Pressures: 305 305 305 Set up 1  
L  
D 30min \_\_\_\_\_ Set up 2  
D 305 \_\_\_\_\_ Set up 3

System Pres. during test 0  
Annular Pres. during test 305  
Fluid loss during test \_\_\_\_\_ bbls:

T Tested: Casing  or Casing - Tubing Annulus

**KCC**  
MAR 09 2012  
**HAYS, KS**  
Company's Equipment

The bottom of the tested zone in shut in with packer

Test Date 3/6/2012 Using Pfeifer's \_\_\_\_\_ Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1797 feet

was the zone tested Mark Leiker \_\_\_\_\_  
Signature Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_ **PASSED**  
State Agent: Glenn Dipman Title: PERT II Witness: YES  NO \_\_\_\_\_

REMARKS: Fluid pressure. 5 gallons of water to load.

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

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 39.16891 GPS Long -100.10682 (If YES please describe in REMARKS)

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

August 10, 2015

Bruce Meyer  
Beren Corporation  
2020 N. Bramblewood  
Wichita, KS 67206-1094

Re: Temporary Abandonment  
API 15-065-00633-00-01  
Brungardt AB 2  
NW/4 Sec.22-10S-25W  
Graham 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 08/10/2016.

- \* 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 08/10/2016.

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

Very truly yours,

RICHARD WILLIAMS"