



# 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

|   |  |                |                     |                      |                                 |
|---|--|----------------|---------------------|----------------------|---------------------------------|
| <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

~~1) JH~~ 2) WF jh  
CKET# E 07607-002

Disposal Well  Enhanced Recovery:  
Repressuring   
Flood   
Tertiary

SW NE SE, Sec 17, T 15 S, R 13 E/W

Date injection started \_\_\_\_\_  
API #15-167-22666-00-01

1650 Feet from South Section Line  
990 Feet from East Section Line

Lease Tom Sellens Well # 11  
County Russell

Operator: Berexco LLC  
Name & Address PO Box 723  
Hays, KS 67601

Operator License# 5363  
Contact Person Dennis Kirner  
Phone 1-316-772-6449

Max. Auth. Injection Press 1600 Psi; Max Inj. Rate 800 bbl/d;

|            | Conductor | Surface           | Production      | Liner     | Tubing                   |
|------------|-----------|-------------------|-----------------|-----------|--------------------------|
| Size       |           | <u>8 7/8"</u>     | <u>5 1/2"</u>   |           | Size <u>2 3/8"</u>       |
| Set at     |           | <u>785'</u>       | <u>3323'</u>    |           | Set at <u>2981-2820'</u> |
| Cement Top |           | <u>0 w/ 250sx</u> | <u>w/ 250sx</u> | <u>w/</u> | Type <u>Sealtite</u>     |
| " Bottom   |           | <u>785'</u>       | <u>3323'</u>    |           |                          |

DV/Perf. \_\_\_\_\_ TD (and plug back) ~~2820~~ - ~~2981~~ (3309) ft. depth

Packer type model C @ 2820 Ad-1 2981 Size 2 3/8 x 5 1/2 Set at 2820-2981

Zone of injection 3012 ft. to ft. 3024 (Perf) or open hole

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

F Time: Start 0 Min 15 Min 30 Min

I

E Pressures: 310 310 310 Set up 1 System Pres. during test \_\_\_\_\_

L \_\_\_\_\_ Set up 2 Annular Pres. during test \_\_\_\_\_

D \_\_\_\_\_ 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 packers

Test Date 10-14-15 Using Shane's Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2820-2981 feet

was the zone tested Robert Grant Signature freeman Title

The results were Satisfactory  Marginal \_\_\_\_\_ Not Satisfactory \_\_\_\_\_

State Agent: Bruce Rodie Title: PIRT II Witness: YES X **PASSED**

REMARKS: \_\_\_\_\_

KCC  Origin. Conservation Div.:  KDHE/T:  04  Dist. Office

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

GPS Lat 38.74495 GPS Long -098.78499 (If YES please describe in REMARKS)

1674 FSL 1011 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

November 25, 2015

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

Re: Temporary Abandonment  
API 15-167-22666-00-01  
Tom Sellens 11  
SE/4 Sec.17-15S-13W  
Russell 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 11/17/16.

Your exception application expires on 11/17/2018.

- \* 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 11/17/16.

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

Very truly yours,

RICHARD WILLIAMS