



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

LEASE INSPECTION FORM
(Also to be used when shooting fluid levels)

Routing - Top: Division Engineer	<input checked="" type="checkbox"/>
Production Tech	<input checked="" type="checkbox"/>
Production Assistant	<input checked="" type="checkbox"/>
Well File	<input checked="" type="checkbox"/>
Bottom - Field Office	<input checked="" type="checkbox"/>

Foremen should attempt to perform annually a lease inspection on every lease in his division. Foremen should perform annually at least one inspection with each pumper in his division and obtain pumper's signature.

Lease Name: Hummel

Foreman Name: Shaney

Date: 3/4/10

Pumper Name: _____

Date: _____

WELL EVALUATION

Well #	Well #	Well #	Well #
<u>13</u>			

TIME CLOCK

In the well on time clock? Y/N _____

of hours on per day _____

BARREL TEST

When last taken? A, B, C, or D (see below) _____

Test with 5 gallon bucket or barrel _____

Total fluid _____

% Oil _____

BOPD _____

Does barrel need replaced? Y/N _____

Comments: _____

STROKE LENGTH (measured) _____

STROKES PER MINUTE _____

FLUID POUND

Can you feel a fluid pound? Y/N _____

If yes, where in the stroke? PT, PM, PB _____

Is pound Very Hard (VH), Hard (H), Soft (S) or Very Soft (VS) _____

Comments: _____

FLUID LEVEL

Joints to parts _____

Joints to fluid _____

Joints in hole _____

Comments: STATIC LEVEL 1925' From Surface

CIRCULATING SYSTEM

Any air leaks in the casing? Y/N _____

Did you drop a barrel of fluid to test for casing air leaks? Y/N _____

Is circulation system air tight? Y/N _____

Is the casing vent installed crooked, the gas vent chapped holes plugged or the ball and seat on the gas vent in need of repair? Y/N _____

Comment: _____

DOES PUMP HOLD PRESSURE? Y/N _____

Comment on pressure and bleed off: _____

LEADLINE

Pressure (psig) _____

Does check valve need replaced? Y/N _____

Do any valves need to be opened or closed for proper operations? Y/N _____

PUMPING UNIT

Well #	Well #	Well #	Well #

Type _____

Size _____

Is gearbox oil level low? Y/N (Pull dipstick) _____

Any water or metal shavings in the oil? Y/N (pull drain plug) _____

Are all bearings on the unit greased? Y/N _____

(Random test by lubricating with a grease gun)

Is any bearing on the unit in need of repair? Y/N _____

Is either wrist pin visibly in need of repair? Y/N _____

Do stuffing box rubbers need adjusted or replaced? Y/N _____

Comments: _____

ENGINE OR MOTOR (including belts and sheaves)

Type _____

Size & design _____

Horsepower _____

Sheave diameter _____

Sheave shaft diameter _____

RPMs (measured) _____

Carburetor Pressure (ounces) _____

Unusual Noises? Y/N _____

Do belts need tightened? Y/N _____

Does water or oil need to be added? Y/N _____

Is sheave worn and need changed? Y/N _____

Are wiring protective devices and magnets and spark plug covers adequate, any bearings loose and/or rough; or does the clutch need to be greased, or are any other repairs needed? Y/N _____

Comments: _____

PANEL

Heater Coil Size _____

Fuse Size _____

Starter Size _____

UNIT BALANCE

Amps up _____

Amps middle _____

Amps down _____

LEASE EVALUATION

Does gun barrel, heater treater, salt water tank or stock tanks leak or seep oil? Y/N _____

Take amp reading on cathodic protection. Gun barrel: _____

Any work necessary to properly seal or nail the top of the SW tank? Y/N _____

Are repairs to walkways, handrails, or ladders needed on any of the production or treating equipment? Y/N _____

Any loose insulation on production or treating equipment? Y/N _____

Are oil levels OK in the saltwater pumps on the lease? Y/N _____

Are there any leaks or spills that require attention on the lease? Y/N _____

Is there trash or junk that needs to be removed from any location on the lease? Y/N (be specific) _____

Is dike sufficient? Y/N _____

Heater-Treater _____

Water knockout: _____

CHEMICAL INVENTORY: Use a barrel gauge to estimate the amount of chemical in each open drum.

Type: _____	_____	_____	_____
Amount: (drums) _____	_____ gal	_____ gal	_____ gal
Amount: (bulk) _____	_____ gal	_____ gal	_____ gal
Location: _____	_____	_____	_____

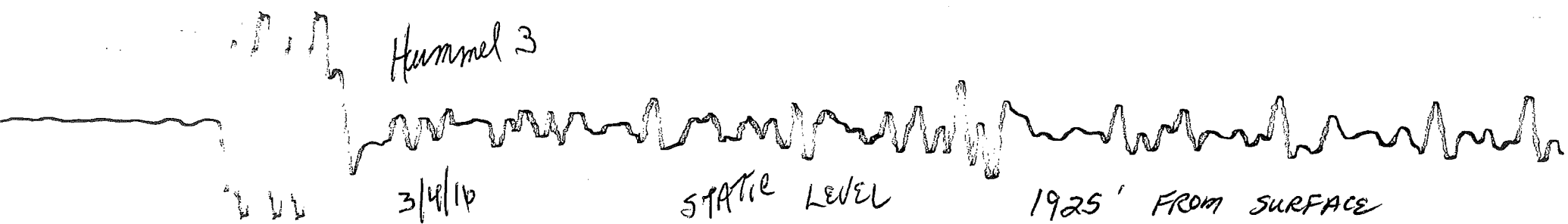
Was the barrel gauge used to estimate the amount of chemical in the open drums? Y / N _____

JOB REVIEW AND OTHER COMMENTS (List any work done on the lease, any work that needs to be done or any other comments.)

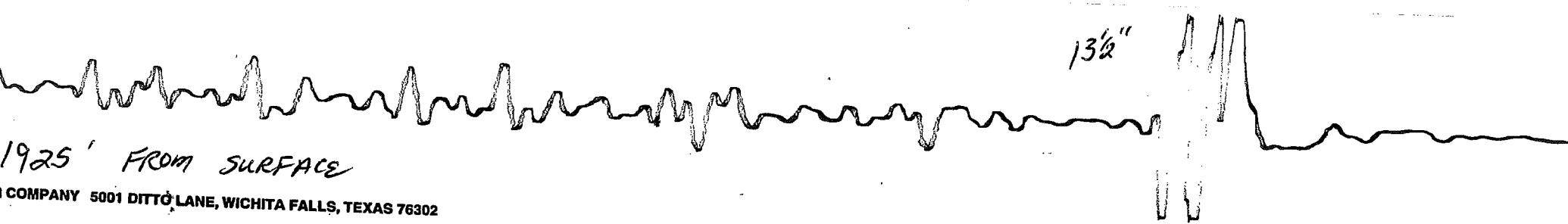
If well is on a time clock, barrel test and fluid level status should be taken. If possible, after running the well on hand for at least 12 hours, if the well will not over pump, Fluid pound and balance status should be determined before putting the well on hand and/or just prior to the end of a time clock cycle.

- A. Just prior to end of time clock cycle in normal operation.
- B. Number of minutes or hours in time clock cycle?
- C. After well had been left on hand for _____ hours.
- D. Well is not on a time clock.

X1FormII Lease Inspection



ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 76302



ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 76302

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/>

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

Sam Brownback, Governor

March 28, 2016

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

Re: Temporary Abandonment
API 15-167-45583-00-01
Hummel 3
SW/4 Sec.30-14S-14W
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 05/02/2016.

Your exception application expires on 05/02/2016.

- * 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 05/02/2016.

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

Very truly yours,

RICHARD WILLIAMS