



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)

WF

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: Fred T.A.

Foreman Name: C. Gabel

Date: 7-12-16

Pumper Name: _____ Date: _____

WELL EVALUATION

Well #	Well #	Well #	Well #
8			

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 perfs			
Joints to fluid	1101 To Fluid		
Joints in hole			
Comments:			
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 chappel 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			

Well #	Well #	Well #	Well #

PUMPING UNIT			
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 magneto 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 treator, salt water tank or stock tanks leak or seep oil? Y/N _____

Take amp reading on cathodic protection. Gun barrel: _____ Heater-Treator _____ Water knockout: _____

Any work necessary to properly seal or net 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 _____

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

Type: _____

Amount: (drums) _____ gal _____ gal _____ gal _____ gal

Amount: (bulk) _____ gal _____ gal _____ gal _____ gal

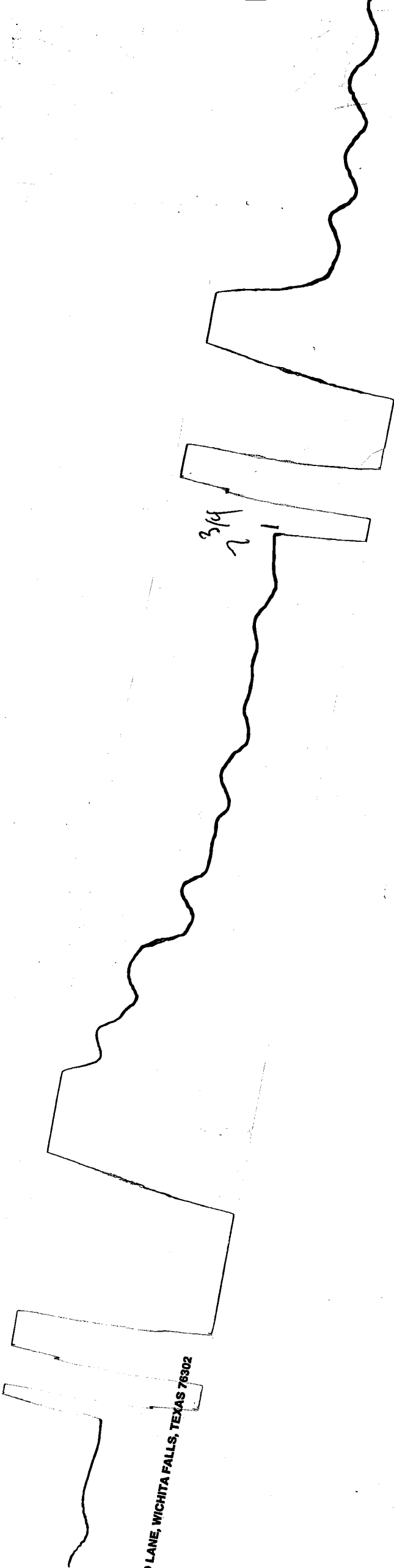
Location: _____

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.



ITO LANE, WICHITA FALLS, TEXAS 76302

ECHOMETER COMPANY 5001 DITTO LANE, WIC

3/4
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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

July 29, 2016

Andrew Moore
BEREXCO LLC
2020 N. BRAMBLEWOOD
WICHITA, KS 67206-1094

Re: Temporary Abandonment
API 15-051-02278-00-00
FRED 8
SW/4 Sec.15-11S-19W
Ellis County, Kansas

Dear Andrew Moore:

"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 07/29/2017.

- * 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 07/29/2017.

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

Very truly yours,

RICHARD WILLIAMS"

Summary of Changes

Lease Name and Number: FRED 8

API/Permit #: 15-051-02278-00-03

Doc ID: 1315651

Correction Number: 1

Field Name	Previous Value	New Value
API	15-051-02278-00-00	15-051-02278-00-03
Approved Date	07/29/2016	08/29/2016

Summary of Attachments

Lease Name and Number: FRED 8

API: 15-051-02278-00-03

Doc ID: 1315651

Correction Number: 1

Attachment Name

Fred 8 Static FL

Temporary Abandonment Approved