#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                          |                    |                  |                        | API No. 15-                  |                   |                       |            |        |           |
|---|--------------------|------------------|------------------------|------------------------------|-------------------|-----------------------|------------|--------|-----------|
| Name:                                       |                    |                  |                        | Spot Description:            |                   |                       |            |        |           |
| Address 1:                                  |                    |                  |                        |                              | Sec.              | Twp                   | S. R       |        | E 🗌 W     |
| Address 2:                                  |                    |                  |                        |                              |                   | feet from             |            |        |           |
| City:  State:  Zip:  +     Contact Person:  |                    |                  |                        |                              |                   |                       |            |        |           |
|   |                    |                  |                        |                              |                   |                       |            |        |           |
| Contact Person Email:                       |                    |                  |                        |                              |                   |                       |            |        |           |
| Field Contact Person:                       |                    |                  |                        | Well Type: (                 | (check one) 🗌 Oil | Gas OG V              | NSW Oth    | ner:   |           |
| Field Contact Person Phor                   |                    |                  |                        | SWD Permit #: ENHR Permit #: |                   |                       |            |        |           |
|   | )                  |                  |                        |                              | orage Permit #:   |                       |            |        |           |
|   |                    |                  |                        | Spud Date:                   |                   | Date Shu              | ıt-In:     |        |           |
|   | Conductor          | Surface          | Pro                    | duction                      | Intermediate      | Line                  | er         | Tubing | J         |
| Size  |                    |                  |                        |                              |                   |                       |            |        |           |
| Setting Depth                               |                    |                  |                        |                              |                   |                       |            |        |           |
| Amount of Cement                            |                    |                  |                        |                              |                   |                       |            |        |           |
| Top of Cement                               |                    |                  |                        |                              |                   |                       |            |        |           |
| Bottom of Cement                            |                    |                  |                        |                              |                   |                       |            |        |           |
| Casing Fluid Level from Su                  | urface:            | How D            | etermined?             |                              |                   |                       | Date:      |        |           |
| Casing Squeeze(s):                          |                    |                  |                        |                              |                   |                       |            |        |           |
| Do you have a valid Oil & O                 | Gas Lease? 🗌 Yes 🛛 | No               |                        |                              |                   |                       |            |        |           |
| Depth and Type: Unk                         | in Hole at         | Tools in Hole at | Ca                     | sing Leaks:                  | Yes No De         | epth of casing leak(s | ):         |        |           |
| Type Completion:                            |                    |                  |                        |                              |                   |                       |            |        | of cement |
| Packer Type:                                |                    |                  |                        |                              |                   |                       |            |        |           |
|   |                    |                  |                        |                              |                   |                       |            |        |           |
| Total Depth:                                | Plug Bi            | ack Depth:       |                        | Plug Back Meth               | od:               |                       |            |        |           |
| Geological Date:                            |                    |                  |                        |                              |                   |                       |            |        |           |
| Formation Name Formation Top Formation Base |                    |                  | Completion Information |                              |                   |                       |            |        |           |
| 1   | At:                | to Fee           | t Perfo                | ration Interval.             | to                | _ Feet or Open Hole   | e Interval | to     | Feet      |
| 2   | At:                | to Fee           | t Perfo                | ration Interval -            | to                | - Feet or Open Hole   | e Interval | to     | Feet      |
|   |                    |                  |                        |                              |                   |                       |            |        | EDCE      |
|   |                    | _                | _                      |                              |                   |                       |            |        |           |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 [                       | Denied Date: |           |               |                |                           |

#### Mail to the Appropriate KCC Conservation Office:

| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|---|--|--------------------|
|   | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|   | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|   | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

## STATE OF KANSAS

Corporation Commission Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 FAX: 785-625-0564 http://kcc.ks.gov/

GOVERNOR JEFF COLYER, M.D. Shari Feist Albrecht, Chair | Jay Scott Emler, Commissioner | Dwight D. Keen, Commissioner

November 20, 2018

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

Re: Temporary Abandonment API 15-193-20239-00-01 Spiers 2 NW/4 Sec.29-10S-32W Thomas 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 11/20/2019.

Your exception application expires on 11/15/2021.

\* 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 11/20/2019.

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

Very truly yours,

**RICHARD WILLIAMS**