## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#            |                              |                  |           |         | API No. 15  |                 |             |                  |        |        |        |
|-------------------------------|------------------------------|------------------|-----------|---------|---|-----------------|-------------|------------------|--------|--------|--------|
|                               |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Address 1:                    |                              |                  |           |         | Sec Twp S. R E [] W feet from [] N / [] S Line of Section |                 |             |                  |        |        |        |
|                               |                              |                  |           |         |   |                 |             |                  |        |        | City:  |
| Contact Person:               |                              |                  |           |         | GPS Location: Lat:  |                 |             |                  |        |        |        |
|                               |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Field Contact Person:         |                              |                  |           |         | Well Type: (  | check one) 🗌    | Oil Gas     |                  | Other: |        |        |
| Field Contact Person Phone:   |                              |                  |           |         |   |                 |             | _ ENHR Per       | mit #: |        |        |
|                               | //                           |                  |           |         |   | rage Permit #:_ |             |                  |        |        |        |
|                               |                              |                  |           |         | Spud Date:  |                 |             | _ Date Shut-In:  |        |        |        |
|                               | Conductor                    | Surfa            | ice       | Proc    | duction   | Intermedi       | ate         | Liner            |        | Tubing |        |
| Size                          |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Setting Depth                 |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Amount of Cement              |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Top of Cement                 |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Bottom of Cement              |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Casing Fluid Level from Surfa | ce.                          |                  | How Deter | rmined? |   |                 |             |                  | Date:  |        |        |
| Casing Squeeze(s):            |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Do you have a valid Oil & Gas | Lease? Yes                   | No               |           |         |   |                 |             |                  |        |        |        |
| Depth and Type: 🗌 Junk in     | Hole at                      | Tools in Ho      | le at     | _ Cas   | ing Leaks:  | Yes No          | Depth of ca | sing leak(s):    |        |        |        |
| Type Completion: ALT. I       |                              |                  |           |         |   |                 |             |                  |        |        | cement |
| Packer Type:                  |                              |                  |           |         |   |                 |             | (depth)          |        |        |        |
|                               |                              | Plug Back Depth: |           |         |   |                 |             |                  |        |        |        |
| Geological Date:              |                              |                  |           |         |   |                 |             |                  |        |        |        |
| Formation Name                | Formation Top Formation Base |                  |           |         | Completion Information                                    |                 |             |                  |        |        |        |
|                               | At:                          | to               | Feet      | Perfora | ation Interval _  | to              | Feet or     | Open Hole Interv | val    | to     | Feet   |
| 1                             |                              |                  |           |         |   |                 |             |                  |        | - to   |        |

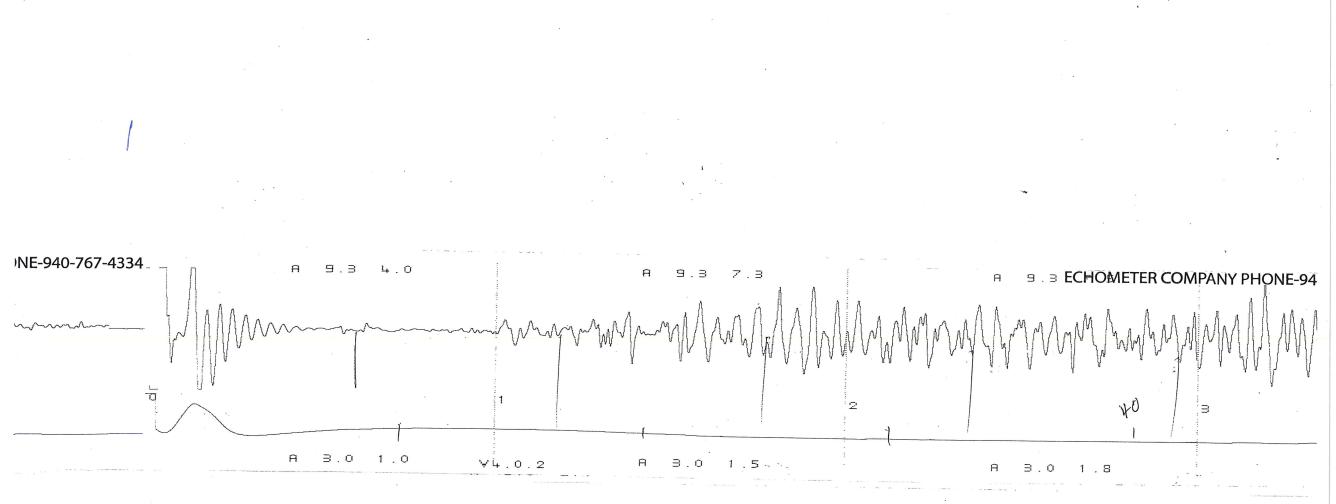
## Submitted Electronically

| 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:

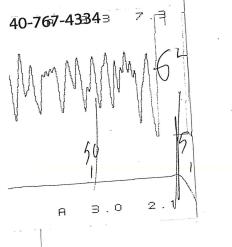
|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
|  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|  | KCC District Office #3 - 137 E. 21st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

64 fsx42/jf= 26881 07/23/2019 09:11:14 ECHOMETER COMPA DMPANY PHONE-940-767-4334 UC WELL AND a Son A-M / GENERATE QUIET WELL JOINTS TO LIQUID. PULSE 9, 3 UPPER COLLARS CASING PRESSURE A: DISTANCE TO LIQUID. ................ 0,049 mV P-P PBHP ΔP SBHP ۵T ..... PROD RATE EFF, % ..... PRODUCTION RATE ..... 11.0 Ĥ З, О LIQUID LEVEL MAX PRODUCTION ...... CPIII VOLTS ωV 14,1 P-P



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Phone: 620-682-7933 http://kcc.ks.gov/

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

August 13, 2019

Brett Blazer BEREXCO LLC 2020 N. Bramblewood WICHITA, KS 67206-1094

Re: Temporary Abandonment API 15-055-21320-00-00 ANDERSON A LEASE 1-28 NE/4 Sec.28-22S-34W Finney County, Kansas

Dear Brett Blazer:

"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 08/13/2020.

\* 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 08/13/2020.

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

Very truly yours,

Michael Maier"