July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

|                                                                  |                  |                                             |            | 1                                                                                                                                                                                                                                                                                                                                                      |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|------------------------------------------------------------------|------------------|---------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|-------------------------|-----------------|-----------|---------|-----|----------|--------------|-------|--------|
| OPERATOR: License#                                               |                  |                                             |            | API No. 15-                                                                                                                                                                                                                                                                                                                                            |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Name:                                                            |                  |                                             |            | Spot Description:         Sec.         Sec. |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Address 1:                                                       |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     | I / S Line of Section   |                 |           |         |     |          |              |       |        |
| Address 2:                                                       |                  |                                             |            | feet from E / W Line of Section  GPS Location: Lat:                                                                                                                                                                                                                                                                                                    |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|                                                                  |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         | Contact Person: |           |         |     | Datum: _ | NAD27 NAD83  | WGS84 |        |
| Phone: ( )                                                       |                  |                                             |            | County:                                                                                                                                                                                                                                                                                                                                                |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|                                                                  |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          | :            |       |        |
|                                                                  |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|                                                                  |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 | Conductor | Surface | Pro | oduction | Intermediate | Liner | Tubing |
| Size Satting Danth                                               |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Setting Depth                                                    |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Amount of Cement                                                 |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Top of Cement  Bottom of Cement                                  |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Bottom or Cement                                                 |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Casing Fluid Level from Surface:                                 |                  | How D                                       | etermined? |                                                                                                                                                                                                                                                                                                                                                        |                                   | [                   | Date:                   |                 |           |         |     |          |              |       |        |
| Casing Squeeze(s): to to                                         | w/               | sacks of o                                  | cement, _  | to _                                                                                                                                                                                                                                                                                                                                                   | w/                                | sacks of cement. I  | Date:                   |                 |           |         |     |          |              |       |        |
| Depth and Type:                                                  | ALT. II Depth of | DV Tool:(depti                              | w / _      | sack                                                                                                                                                                                                                                                                                                                                                   | s of cement Port Co               |                     |                         |                 |           |         |     |          |              |       |        |
| Total Depth:                                                     | Plug Back        | Depth:                                      |            | Plug Back Metl                                                                                                                                                                                                                                                                                                                                         | nod:                              |                     |                         |                 |           |         |     |          |              |       |        |
| Geological Date:                                                 |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Formation Name                                                   | Formation T      | op Formation Base                           |            |                                                                                                                                                                                                                                                                                                                                                        | Completion In                     | nformation          |                         |                 |           |         |     |          |              |       |        |
| 1                                                                |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| ···                                                              |                  | to Fee                                      |            |                                                                                                                                                                                                                                                                                                                                                        | to Feet                           |                     |                         |                 |           |         |     |          |              |       |        |
| -                                                                | / W.             |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   | о. орон ного штог к |                         |                 |           |         |     |          |              |       |        |
| INDED DENALTY OF BED HIDV                                        | HEDEDV ATTEC     | TTUATTUE INFORM                             | IATION CO  | NITAINED HE                                                                                                                                                                                                                                                                                                                                            | DEIN ISTRIIE AND COR              | DECT TO THE DEST    | OE MV KNOW! EDGE        |                 |           |         |     |          |              |       |        |
|                                                                  |                  | Submit                                      | tted Ele   | ctronical                                                                                                                                                                                                                                                                                                                                              | У                                 |                     |                         |                 |           |         |     |          |              |       |        |
|                                                                  |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|                                                                  |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        | Date Plugged:                     | Date Repaired: Dat  | te Put Back in Service: |                 |           |         |     |          |              |       |        |
| Space - NGC USE ONLI                                             |                  |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| Review Completed by:                                             |                  |                                             | Comn       | nents:                                                                                                                                                                                                                                                                                                                                                 |                                   |                     |                         |                 |           |         |     |          |              |       |        |
| TA Approved: Yes Der                                             | nied Date: _     |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   |                     |                         |                 |           |         |     |          |              |       |        |
|                                                                  |                  | Mail to the Ap                              | propriate  | KCC Conser                                                                                                                                                                                                                                                                                                                                             | vation Office:                    |                     |                         |                 |           |         |     |          |              |       |        |
| Now take law law has an an house has he                          | KCC Distric      |                                             |            |                                                                                                                                                                                                                                                                                                                                                        | A, Dodge City, KS 67801 Phone 620 |                     |                         |                 |           |         |     |          |              |       |        |
|                                                                  | _                |                                             |            |                                                                                                                                                                                                                                                                                                                                                        |                                   | Phone 316.337.7400  |                         |                 |           |         |     |          |              |       |        |
|                                                                  | I KOO DISHIC     | KCC District Office #2 - 3450 N. Rock Road, |            |                                                                                                                                                                                                                                                                                                                                                        | oo i, i i ioi iii a, i i o o      |                     | 010.001.1700            |                 |           |         |     |          |              |       |        |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

Pearl may 10/15/20

166 JHS X 32 = 5312'

ECHOMETER COMPANY 5001 DITTO LANE, WICHITA FALLS, TEXAS 76302

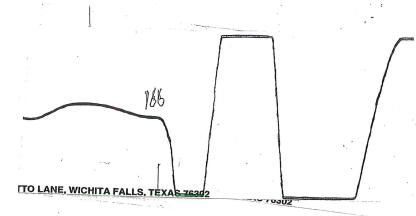
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ECHOMETER COMPA

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DITTO LANE, WICHITA FALLS, TEXAS 76302

ECHOMETER COMPANY 5001 DITTO LANE



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Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



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

Laura Kelly, Governor

Susan K. Duffy, Chair Dwight D. Keen, Commissioner Andrew J. French, Commissioner

November 10, 2020

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

Re: Temporary Abandonment API 15-187-20879-00-00 PEARL MAY LEASE 1-11 NE/4 Sec.11-29S-41W Stanton 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 11/10/2021.
- \* 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 11/10/2021.

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

Very truly yours,

Michael Maier"