Form CP-111 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

| OPERATOR: License# | | | | API No. 15 | | | | |
|---|------------------|---|----------------|--|--|-------------------------|--------------------------|--|
| Name: | | | | Spot Descr | Spot Description: | | | |
| Address 1: | | | | _ '' | • | | . R 🔲 E 🔲 W | |
| Address 2: | | | | | | | N / S Line of Section | |
| City: State: Zip: + Contact Person: | | | | | feet from L E / L W Line of Section | | | |
| | | | | GF 3 Local | on: Lat:(e.g., | , Long: | (e.gxxx.xxxxx) | |
| | | | | Datum. | NAD27 NAD8 | | GL KB | |
| | | | | I acca Nom | | Elevation W | | |
| | | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Well Type: (check one) Oil Gas OG WSW Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Date Shut-In: | | | |
| | | | | _ SWD P | | | | |
| | | | | Gas Sto | | | | |
| | | | | 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 Surf | ace: | | How Determin | ned? | | | Date: | |
| Casing Squeeze(s): | to w | / sa | cks of cement, | to | w/ | sacks of cement. | Date: | |
| Depth and Type: | I ALT. II Depth | of: DV Tool: _ | (depth) | w / sack | s of cement Po | rt Collar: w | | |
| | Plug Back Depth: | | | | | | | |
| Geological Date: | | | | | | | | |
| formation Name Formation Top Formation Base | | | | | Completion Information | | | |
| 1 | At: | to | Feet F | Perforation Interval | to | Feet or Open Hole Inter | val toFeet | |
| 2 | | to | | | | | val toFeet | |
| UNDER DENALTY OF DED | | | | OONTAINED HEED | | CORRECT TO THE REC | T 05 MV (/NOW) 5005 | |
| | | | | Electronicall | | | | |
| | | 00 | | _iectromican | у | | | |
| Do NOT Write in This Space - KCC USE ONLY | Date Tested: Res | | | Date Plugged: Date Repaired: Date | | | ate Put Back in Service: | |
| Review Completed by: | | | c | Comments: | | | | |
| TA Approved: Yes | Denied Date: | | | | | | | |
| | | Mail to t | the Appropri | ate KCC Conserv | vation Office: | | | |
| Depter Spine Deap State Spine Last Seed Spine Manager Month | KCC Dist | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 | | | | | Phone 620.682.7933 | |
| | KCC Diet | KCC Dietrict Office #2 - 3450 N. Pock Pood Building 600, Suite 601, Wichita, KS 67226 | | | | | Phone 316 337 7400 | |

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

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

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



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

Laura Kelly, Governor

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

March 13, 2023

Jon Hayward BEREXCO LLC 2020 N. BRAMBLEWOOD WICHITA, KS 67206-1094

Re: Temporary Abandonment API 15-065-20667-00-01 LAW C LEASE 2 NW/4 Sec.34-09S-23W Graham County, Kansas

Dear Jon Hayward:

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 03/02/2024.

Your exception application expires on 03/02/2024.

- * 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 03/02/2024.

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

Very truly yours,

RICHARD WILLIAMS