July 2017 Form must be Typed Form must be signed

TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

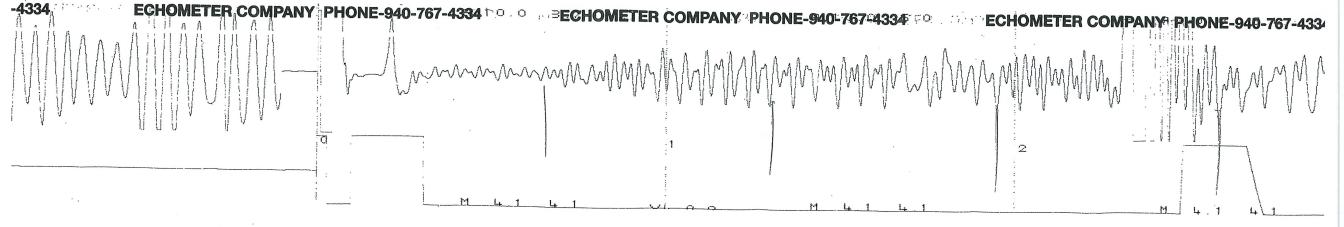
Phone 785.261.6250

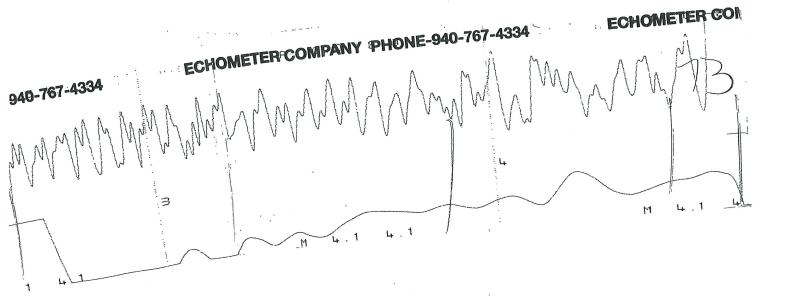
| | | | | 1 | | | | | | | | | | | | | | | | |
|---|------------------|--------------------------|------------|-----------------|--|---------------------|-------------------------|--|--|--|-------------------------------|---|--|--|------------------------------|---|--|--|--|--|
| OPERATOR: License# | | | | | API No. 15 | | | | | | | | | | | | | | | |
| Name: | | | | | Spot Description: | | | | | | | | | | | | | | | |
| Address 1: | | | | | | | | | | | | | | | | | | | | |
| Address 2: | | | | | feet from N / S Line of Section feet from E / W Line of Section | | | | | | | | | | | | | | | |
| | | | | | GPS Location: Lat:, Long: | | | | | | | | | | | | | | | |
| Contact Person: | | | | Datum: _ | NAD27 NAD83 | WGS84 | | | | | | | | | | | | | | |
| Phone:() | | | | | County: Elevation: GL KB Lease Name: Well #: Well Type: (check one) Oil Gas OG WSW Other: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Field Contact Person Phone: (|) | | | SWD Permit #: ENHR Permit #: | | | | | |
| | | | | | | | | | | | | | | | | : | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | et Perfo | ration Interval | · | | al toFeet | | | | | | | | | | | | | |
| ··· | | 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 Space - KCC USE ONLY | Date Tested: | | Results: | | 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 how how has no make any house | KCC Distric | et Office #1 - 210 E. Fr | | | | Phone 620.682.7933 | | | | | | | | | | | | | | |
| | _ | | | | Suite 601, Wichita, KS 6 | Phone 316.337.7400 | | | | | | | | | | | | | | |
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KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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

| ECHOMETER COMPANY PHONE-940-767-4334 ECHOMETER COMPANY PHONE-940-767-4334 ECHOMETER COMPANY PHONE-940-767-4334 | | | | | | | | | | | | | |
|--|---|--------|--------|--------------|-----------------|--|----------------|--|--|--|--|--|--|
| WELL (G.) /OTTO # / CASING PRESSURE AP AT PRODUCTION RATE | CPIVA JOINTS TO LIQUID DISTANCE TO LIQUI PBHP SBHP PROD RATE EFF, % | | 11/15/ | 2023 WELL | 07. A: mV | 20, 20 10, 0 73 /5 x 3 = 2330 | GENERATE PULSE | | | | | | |
| | MAX PRODUCTION | ****** | LIQUIC |) LEVEL | M: | ⊢ , 1 | 11, 4 | | | | | | |
| • | | ı | ₽−₽ | 0,053 | mΥ | | VOLTS | | | | | | |





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

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Annie Kuether, Commissioner

11/30/2023

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

Re: Temporary Abandonment API 15-093-21185-00-03 GILLETTE 1-14 NW/4 Sec.14-24S-37W Kearny 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 11/30/2024.
- * 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 11/30/2024.

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

Very truly yours,

Michael Maier"