Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#   |  |   |                       | API No. 15-   |  |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
|--|--|---|-----------------------|---|--|---|----------------------------|--------------------------------|--|---------------------------------|-----------|---------|-----|------------|----------------|------------|-------------|--------|
| Name:  |  |   |                       |   | ption:   |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
| Address 1:   |  |   |                       |   | Sec  | Twp   | S. R                       |                                |  |                                 |           |         |     |            |                |            |             |        |
| Address 2:   |  |   |                       |   |  |   | = =                        | =                              |  |                                 |           |         |     |            |                |            |             |        |
| City:       State:       +   |  |   |                       |   |  |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
|  |  |   |                       |   |  |   |                            |                                |  | Field Contact Person Phone: ( ) |           |         |     |            | ermit #:       |            | R Permit #: |        |
|  |  |   |                       |   |  |   |                            |                                |  | ,                               | ,         |         |     | _          | rage Permit #: |            | .In·        |        |
|  |  |   |                       |   |  |   |                            |                                |  |                                 |           | I I     |     | Opud Date. |                | Date Onti- |             |        |
|  |  |   |                       |   |  |   |                            |                                |  |                                 | Conductor | Surface | Pro | oduction   | Intermediate   | Liner      |             | Tubing |
| Size   |  |   |                       |   |  |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
| Setting Depth  |  |   |                       |   |  |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
| Amount of Cement   |  |   |                       |   |  |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
| Top of Cement  |  |   |                       |   |  |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
| Bottom of Cement   |  |   |                       |   |  |   |                            |                                |  |                                 |           |         |     |            |                |            |             |        |
| Casing Fluid Level from Surface Casing Squeeze(s):   |  |   |                       |   |  |   | nent. Date:                |                                |  |                                 |           |         |     |            |                |            |             |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Gas I  Depth and Type:  Junk in H  Type Completion:  ALT. I  Packer Type:    Total Depth:    Geological Date:  Formation Name   | to w / | sacks of ceres sacks | Can w / _ Inch Perfor | sing Leaks: sacks set at: sacks Plug Back Methor  | Completion  to to Ference contact to | sacks of cement of casing leak(s):  Collar: (depth)  et  In Information  eet or Open Hole  eet or Open Hole | w/                         | sack of cement to Feet to Feet |  |                                 |           |         |     |            |                |            |             |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Gas I  Depth and Type:  Junk in H  Type Completion:  ALT. I  Packer Type:  ALT. I  Total Depth:    Geological Date:  Formation Name  1                                | to w / | sacks of ceres sacks | Can w / _ Inch Perfor | sing Leaks: sacks Set at: Plug Back Methoration Interval  | Completion  to to Ference contact to | sacks of cement of casing leak(s):  Collar: (depth)  et  In Information  eet or Open Hole  eet or Open Hole | w/<br>Interval<br>Interval | sack of cement to Feet to Feet |  |                                 |           |         |     |            |                |            |             |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Gas I  Depth and Type:  Junk in H  Type Completion:  Packer Type:  Total Depth:  Geological Date:  Formation Name  1.  2.  Do NOT Write in This  Space - KCC USE ONLY | to w /   | sacks of ceres sacks | Performents:          | sing Leaks: sacks Set at: Plug Back Methoration Interval  | Completion  to Fee   | sacks of cement of casing leak(s):  Collar: (depth)  et  In Information  eet or Open Hole  eet or Open Hole | w/<br>Interval<br>Interval | to Feet                        |  |                                 |           |         |     |            |                |            |             |        |
| Casing Squeeze(s):  (top)  Do you have a valid Oil & Gas I  Depth and Type:  Junk in H  Type Completion:  Packer Type:  Total Depth:  Geological Date:  Formation Name  1.  2.  Do NOT Write in This                       | to w /   | sacks of ceres sacks | Performents:          | sing Leaks: sacks Set at: sacks Plug Back Methoration Interval cration Interval cration Interval cration Interval | Completion  to Fee   | sacks of cement of casing leak(s):  Collar: (depth)  et  In Information  eet or Open Hole  eet or Open Hole | w/<br>Interval<br>Interval | to Feet                        |  |                                 |           |         |     |            |                |            |             |        |

|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
|  | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
|  | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

Conservation Division District Office No. 3 1500 W. Seventh Chanute, KS 66720



Phone: 620-432-2300 Fax: 620-432-2309 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

July 25, 2014

Kent Keppel Running Foxes Petroleum Inc. 6855 S HAVANA ST, STE 400 CENTENNIAL, CO 80112

Re: Temporary Abandonment API 15-107-23879-00-00 MILLER 9-24 SW/4 Sec.09-23S-23E Linn County, Kansas

## Dear Kent Keppel:

- "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 07/25/2015.
- \* 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 07/25/2015.

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

Very truly yours,

Levi Short"