

### Kansas Corporation Commission Oil & Gas Conservation Division

1311020

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

### WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

| OPERATOR: License #:  |                 | API No. 1   | 5   |                        |       |  |
|---|-----------------|-------------|---|------------------------|-------|--|
| Name:   |                 |             | If pre 1967, supply original completion date:                                 |                        |       |  |
| Address 1:  |                 | Spot Des    | scription:  |                        |       |  |
| Address 2:  |                 | _           | Sec Twp S. R East West  |                        |       |  |
| City: State: Zip: +  Contact Person:  |                 |             | Feet from North / South Line of Section Feet from East / West Line of Section |                        |       |  |
|   |                 |             |   |                        |       |  |
| Filone. ( )   |                 |             | NE NW   | SE SW                  |       |  |
|   |                 | ,           | ame:  |                        |       |  |
|   |                 | Lease IV    | arrie.  | vven #                 |       |  |
| Check One: Oil Well Gas Well OG   | D&A Ca          | thodic Wate | r Supply Well Of  | ther:                  |       |  |
| SWD Permit #:   | ENHR Permit #:  |             | Gas Storage   | Permit #:              |       |  |
| Conductor Casing Size:  | _ Set at:       |             | Cemented with:  |                        | Sacks |  |
| Surface Casing Size:  | _ Set at:       |             | Cemented with:  |                        | Sacks |  |
| Production Casing Size:   | _ Set at:       |             | Cemented with:  |                        | Sacks |  |
| Elevation: (G.L./K.B.) T.D.:  Condition of Well: Good Poor Junk in Hole  Proposed Method of Plugging (attach a separate page if addit  Is Well Log attached to this application? Yes No | Casing Leak at: |             |   | tone Corral Formation) |       |  |
| Plugging of this Well will be done in accordance with K.  Company Representative authorized to supervise plugging   |                 |             |   |                        |       |  |
| Address:  | (               | City:       | State:  | Zip:                   | _+    |  |
| Phone: ( )  |                 |             |   |                        |       |  |
| Plugging Contractor License #:  |                 | Name:       |   |                        |       |  |
| Address 1:  | <i>F</i>        | Address 2:  |   |                        |       |  |
| City:   |                 |             | State:  | Zip:                   | +     |  |
| Phone: ( )  |                 |             |   |                        |       |  |
| Proposed Date of Plugging (if known):   |                 |             |   |                        |       |  |

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent



### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1311020

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

| Select the corresponding form being filed: C-1 (Intent) CB-1 (C  | athodic Protection Borehole Intent)  |  |  |  |
|--|--|--|--|--|
| OPERATOR: License #  | Well Location:   |  |  |  |
| Name:  | SecTwpS. R   |  |  |  |
| Address 1:   | County:  |  |  |  |
| Address 2:   | Lease Name: Well #:  If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:   |  |  |  |
| City: State: Zip:+   |  |  |  |  |
| Contact Person:  | the reace pole   |  |  |  |
| Phone: ( ) Fax: ( )  |  |  |  |  |
| Email Address:   |  |  |  |  |
| Surface Owner Information:   |  |  |  |  |
| Name:  | When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the |  |  |  |
| Address 1:   |  |  |  |  |
| Address 2:   | county, and in the real estate property tax records of the county treasurer.   |  |  |  |
| City:  |  |  |  |  |
| the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loced CP-1 that I am filling in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, are I have not provided this information to the surface owner(s). I acknowledge that I must provide the name and address | cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and                                     |  |  |  |
| that I am being charged a \$30.00 handling fee, payable to the K  If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1  | fee with this form. If the fee is not received with this form, the KSONA-1   |  |  |  |
| Submitted Electronically   |  |  |  |  |

| Form      | CP1 - Well Plugging Application |  |
|-----------|---------------------------------|--|
| Operator  | Running Foxes Petroleum Inc.    |  |
| Well Name | Graham 5-36C INJ2               |  |
| Doc ID    | 1311020                         |  |

## Perforations And Bridge Plug Sets

| Perforation Top | Perforation Base | Formation    | Bridge Plug Depth |
|-----------------|------------------|--------------|-------------------|
| 473             | 482              | Bartlesville |                   |

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

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

July 07, 2016

Joe Taglieri Running Foxes Petroleum Inc. 4B INVERNESS CT E. SUITE 120 ENGLEWOOD, CO 80112-5328

Re: Plugging Application API 15-011-24092-00-00 Graham 5-36C INJ2 NW/4 Sec.36-24S-23E Bourbon County, Kansas

#### Dear Joe Taglieri:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 432-2300. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after January 07, 2017. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The January 07, 2017 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely, Production Department Supervisor

cc: DISTRICT 3