## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#           Name:           Address 1: |                              |              |                | API No. 15-            | API No. 15  |               |                      |        |           |  |
|---|------------------------------|--------------|----------------|------------------------|---|---------------|----------------------|--------|-----------|--|
|   |                              |              |                | Spot Descri            | Spot Description:                                   |               |                      |        |           |  |
|   |                              |              |                | _                      |   |               |                      |        |           |  |
| Address 2:  |                              |              |                |                        |   |               | feet from N /        | =      |           |  |
| City:   | State:                       | Zip:         | +              |                        | feet from E /W Line of Section                      |               |                      |        |           |  |
| Contact Person:   |                              |              |                | GF 5 LOCali            | GPS Location: Lat:                                  |               |                      |        |           |  |
|   |                              |              |                |                        |   |               |                      |        |           |  |
| Contact Person Email:                                   |                              |              |                |                        |   |               | Well #:              |        |           |  |
| Field Contact Person:                                   |                              |              |                | Well Type: (           | check one) 🗌 🕻                                      | Dil 🗌 Gas 🗌   | og 🗌 wsw 🗌 o         | ther:  |           |  |
| Field Contact Person Phone:                             |                              |              |                |                        | SWD Permit #: ENHR Permit #:                        |               |                      |        |           |  |
|   | d Contact Person Phone: ( )  |              |                |                        | Gas Storage Permit #:      Spud Date: Date Shut-In: |               |                      |        |           |  |
|   |                              |              |                | Spud Date:             |   |               | Date Shut-In:        |        |           |  |
|   | Conductor                    | Surfa        | ce             | Production             | Intermedia  | ite           | Liner                | Tubing | 1         |  |
| Size  |                              |              |                |                        |   |               |                      |        |           |  |
| Setting Depth   |                              |              |                |                        |   |               |                      |        |           |  |
| Amount of Cement  |                              |              |                |                        |   |               |                      |        |           |  |
| Top of Cement   |                              |              |                |                        |   |               |                      |        |           |  |
| Bottom of Cement  |                              |              |                |                        |   |               |                      |        |           |  |
| Casing Fluid Level from Surfa                           | ce:                          |              | _ How Determ   | nined?                 |   |               | Date                 | ə:     |           |  |
| Casing Squeeze(s):                                      | to w                         | / 9          | sacks of cemer | to to                  | w /   | Sa            | acks of cement. Date | e:     |           |  |
| Do you have a valid Oil & Gas                           | Lease? Yes                   | No           |                |                        |   |               |                      |        |           |  |
| Depth and Type: 🗌 Junk in                               | Hole at                      | Tools in Hol | e at           | Casing Leaks:          | Yes No  | Depth of casi | ng leak(s):          |        |           |  |
| Type Completion: ALT. I                                 |                              |              |                |                        |   |               |                      |        | of cement |  |
| Packer Type:  |                              |              |                |                        |   |               | (depth)              |        |           |  |
| Total Depth:  | Plug B                       | ack Depth:   |                | Plug Back Metho        | od:   |               |                      |        |           |  |
| Geological Date:  |                              |              |                |                        |   |               |                      |        |           |  |
|   | Formation Top Formation Base |              |                |                        | Completion Information                              |               |                      |        |           |  |
| Formation Name  |                              |              |                |                        |   | Foot or (     |                      | 4.0    | <b>F</b>  |  |
| Formation Name 1  | At:                          | to           | Feet           | Perforation Interval _ | to  |               | Jpen Hole Interval_  | 10     | Feet      |  |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  | Date Plugged: | Date Repaired: | Date Put Back in Service: |
|--|--------------|-----------|---------------|----------------|---------------------------|
| Review Completed by:                         |              | Comments: |               |                |                           |
| TA Approved: 🗌 Yes 🗌 [                       | Denied Date: |           |               |                |                           |

## Mail to the Appropriate KCC Conservation Office:

|  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
|  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
|  | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
|  | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

Conservation Division District Office No. 3 137 E. 21st Street Chanute, KS 66720



Phone: 620-902-6450 http://kcc.ks.gov/

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner Laura Kelly, Governor

September 24, 2019

Joe Taglieri Running Foxes Petroleum Inc. 14550 E. Easter Ave SUITE 200 Centennial, CO 80112

Re: Temporary Abandonment API 15-011-23007-00-00 SCHAFF 14-15 SW/4 Sec.15-26S-23E Bourbon County, Kansas

Dear Joe Taglieri:

"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 09/24/2020.

\* 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 09/24/2020.

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

Very truly yours,

Ryan Duling"