## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License# Name: Address 1:   |                              |                 |                        | API No. 15         |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|---|------------------------------|-----------------|------------------------|--------------------|------------|--------------------------|---------|------|--|----------------------------|-----|--|--|------------------------------|----------------|------------------------|--------|--|
|   |                              |                 |                        |                    |            |                          |         |      |  | Sec Twp S. R E [] W        |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        | Address 2:         |            |                          |         |      |  | feet from N                |     |  |  |                              |                |                        |        |  |
| City:        State:       Zip:       +          Contact Person:        Phone:() |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  | Field Contact Person:      |     |  |  | Well Type: (                 | check one) 🗌 ( | Oil 🗌 Gas 🗌 OG 🗌 WSW 🗌 | Other: |  |
|   |                              |                 |                        |                    |            |                          |         |      |  | Field Contact Person Phone |     |  |  | SWD Permit #: ENHR Permit #: |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  |                            | .() |  |  |                              |                |                        |        |  |
|   |                              |                 |                        | Spud Date:         |            | Date Shut-In:            |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   | Conductor                    | Surface         | F                      | roduction          | Intermedia | ate Liner                | Tub     | bing |  |                            |     |  |  |                              |                |                        |        |  |
| Size  |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Setting Depth   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Amount of Cement  |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Top of Cement   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Bottom of Cement  |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Casing Fluid Level from Sur   | face:                        |                 | How Determined         | ?                  |            |                          | Date:   |      |  |                            |     |  |  |                              |                |                        |        |  |
| 0   |                              |                 |                        |                    |            | sacks of cement.         |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Do you have a valid Oil & Ga  | as Lease? 🗌 Yes [            | No              |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Depth and Type: Junk in   | n Hole at                    | Tools in Hole a | t C                    | asing Leaks:       | Yes No     | Depth of casing leak(s): |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            | Port Collar: w /         | 540     |      |  |                            |     |  |  |                              |                |                        |        |  |
| Packer Type:  | Size:                        |                 | Inc                    | h Set at:          |            | Feet                     |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Total Depth:  | Plug Ba                      | ick Depth:      |                        | Plug Back Metho    | od:        |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
|   |                              |                 |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Geological Date:  | Formation Top Formation Base |                 | Completion Information |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Geological Date:<br>Formation Name  | Formation                    | riop romation   |                        |                    |            |                          |         |      |  |                            |     |  |  |                              |                |                        |        |  |
| Ū.  |                              | •               | Feet Per               | oration Interval _ | to         | Feet or Open Hole Interv | al to _ | 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 De                          | enied 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/

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

June 02, 2020

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

Re: Temporary Abandonment API 15-011-23010-00-00 SCHAFF 15-15 SE/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 06/02/2021.

\* 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 06/02/2021.

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

Very truly yours,

Ryan Duling E.C.R.S."