Form CP-111 July 2017 Form must be Typed Form must be signed

## TEMPORARY ABANDONMENT WELL APPLICATION

| Form must be signed         |
|-----------------------------|
| All blanks must be complete |
|                             |
|                             |
|                             |

Phone 620.902.6450

Phone 785.261.6250

|  |                        |  |            | I  |                          |                       |                         |                  |           |         |     |           |              |              |        |
|--|------------------------|--|------------|--|--------------------------|-----------------------|-------------------------|------------------|-----------|---------|-----|-----------|--------------|--------------|--------|
| OPERATOR: License#   |                        |  |            | API No. 15-  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Name:  |                        |  |            | Spot Description:                                      |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Address 1:   |                        |  |            |  |                          |                       | R                       |                  |           |         |     |           |              |              |        |
| Address 2:   |                        |  |            | 1  |                          |                       | I / S Line of Section   |                  |           |         |     |           |              |              |        |
| City:  |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
|  |                        |  |            |  |                          |                       |                         |                  |           |         |     | Spud Date |              | Date Shut-in |        |
|  |                        |  |            |  |                          |                       |                         |                  | Conductor | Surface | Pro | oduction  | Intermediate | Liner        | Tubing |
|  |                        |  |            |  |                          |                       |                         | Size             |           |         |     |           |              |              |        |
|  |                        |  |            |  |                          |                       |                         | Setting Depth    |           |         |     |           |              |              |        |
|  |                        |  |            |  |                          |                       |                         | Amount of Cement |           |         |     |           |              |              |        |
|  |                        |  |            |  |                          |                       |                         | Top of Cement    |           |         |     |           |              |              |        |
| Bottom of Cement   |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Casing Fluid Level from Su   | rface:                 | How D  | etermined? |  |                          |                       | Date:                   |                  |           |         |     |           |              |              |        |
| Casing Squeeze(s): to w / sacks of cement, to w / sacks of cement. Date: |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
|  |                        | _  |            | (top)  | (bottom)                 |                       |                         |                  |           |         |     |           |              |              |        |
| Do you have a valid Oil & G  |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Depth and Type:  | in Hole at             | Tools in Hole at   | Ca         | sing Leaks:  | Yes No Depth of          | f casing leak(s):     |                         |                  |           |         |     |           |              |              |        |
| Type Completion: ALT   |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Packer Type:   |                        |  |            |  |                          | (depth)               |                         |                  |           |         |     |           |              |              |        |
| Total Depth: Plug Back Depth: Plu  |                        |  |            | Plug Back Meth   | ood:                     |                       |                         |                  |           |         |     |           |              |              |        |
|  | ug 2                   | <u></u>  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Geological Date:   |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Formation Name Formation Top Formation Base Completion Information       |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| 1  |                        |  |            | ration Interval to Feet or Open Hole Interval to Feet  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| 2  | At:                    | to Fee   | et Perfo   | ration Interval  | to Fee                   | t or Open Hole Interv | al toFeet               |                  |           |         |     |           |              |              |        |
| LINDED DENALTY OF DE   | O ILIDV I LIEDEDV ATTE | CT TUAT TUE INCODM   | IATION CO  | NTAINED HE   | DEIN IS TOLIE AND COL    |                       | OE MV KNOW! EDGE        |                  |           |         |     |           |              |              |        |
|  |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
|  |                        | Submit   | ted Ele    | ctronical  | У                        |                       |                         |                  |           |         |     |           |              |              |        |
|  |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Do NOT Write in This Date Tested   |                        |  |            |  | Date Plugged:            | Date Repaired: Da     | te Put Back in Service: |                  |           |         |     |           |              |              |        |
| Do NOT Write in This Date Tested: Results:  Space - KCC USE ONLY         |                        |  |            | Date Flugged. Date Repaired. Date Fut Back in Service. |                          |                       |                         |                  |           |         |     |           |              |              |        |
| •  |                        |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
| Review Completed by:   |                        |  | Comr       | nents:   |                          |                       |                         |                  |           |         |     |           |              |              |        |
| TA Approved: Yes   | Denied Date:           |  |            |  |                          |                       |                         |                  |           |         |     |           |              |              |        |
|  |                        | Mail to the Ap   | propriate  | KCC Conser   | vation Office:           |                       |                         |                  |           |         |     |           |              |              |        |
| Strains Spring Street State State State and Strains in                   | KCC Distr              | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |            |  |                          |                       | Phone 620.682.7933      |                  |           |         |     |           |              |              |        |
|  |                        |  |            |  | Suite 601, Wichita, KS 6 | 7226                  | Phone 316.337.7400      |                  |           |         |     |           |              |              |        |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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

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



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

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner

September 03, 2021

JOE TAGLIERI Running Foxes Petroleum Inc. 14550 E. EASTER AVE., #200 CENTENNIAL, CO 80112-4222

Re: Temporary Abandonment API 15-103-20895-00-01 CARAWAY 1 SW/4 Sec.01-10S-22E Leavenworth 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 09/03/2022.

- \* 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 09/03/2022.

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

Very truly yours,

Levi Short ECRS"