KOLAR Document ID: 1607950

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

Phone 620.902.6450

Phone 785.261.6250

| OPERATOR: License#   |                    |   |               | AP           | l No. 15-  |               |                   |                                  |               |           |
|--|--------------------|---|---------------|--------------|--|---------------|-------------------|----------------------------------|---------------|-----------|
| Name:  |                    |   |               |              | Spot Description:  |               |                   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
|  |                    |   |               |              |  |               | feet fro          |                                  |               | f Section |
| City:  |                    |   |               |              | GPS Location: Lat:, Long:  |               |                   |                                  |               |           |
| Contact Person:  |                    |   |               |              | Datum:    NAD27    NAD83    WGS84      County:    Elevation:    GL    KB |               |                   |                                  |               |           |
| Phone:( )  |                    |   |               |              | -  |               |                   |                                  |               |           |
| Contact Person Email:  |                    |   |               |              | Lease Name:  |               |                   |                                  |               |           |
| Field Contact Person:  |                    |   |               |              |  |               |                   |                                  |               |           |
| Field Contact Person Phone: ( )  |                    |   |               |              | Gas Storage Permit #:  |               |                   |                                  |               |           |
|  |                    |   |               |              |  | -             | Date Sh           | nut-In:                          |               |           |
|  | Conductor          | Surfa                                       | ce            | Production   | n  | Intermediate  | e Lir             | ner                              | Tubing        | ı         |
| Size   |                    |   |               |              |  |               |                   |                                  |               |           |
| Setting Depth  |                    |   |               |              |  |               |                   |                                  |               |           |
| Amount of Cement   |                    |   |               |              |  |               |                   |                                  |               |           |
| Top of Cement  |                    |   |               |              |  |               |                   |                                  |               |           |
| Bottom of Cement   |                    |   |               |              |  |               |                   |                                  |               |           |
| Casing Fluid Level from Surf   | face:              |   | _ How Deter   | rmined?      |  |               |                   | Da                               | ıte:          |           |
| Casing Squeeze(s):   | to w               | /   | sacks of ceme | ent,         | to   | w /           | sacks of o        | cement. Da                       | nte:          |           |
| Do you have a valid Oil & Ga   |                    |   |               | (***)        | `  | ,             |                   |                                  |               |           |
| •  |                    |   |               |              |  | lv 🗆 v 🏊      |                   |                                  |               |           |
| Depth and Type:  |                    |   |               |              |  |               |                   |                                  |               |           |
| Type Completion: ALT.  | I ALT. II Depth    | of: DV Too                                  | l:<br>(depth) | w/           | sacks  | of cement P   | ort Collar:       | w / _                            | sack o        | of cement |
| Packer Type: Size: Inch  |                    |   |               |              | Set at: Feet   |               |                   |                                  |               |           |
| Total Depth:   | Plug Back Depth:   |   |               | Plug Ba      | Plug Back Method:  |               |                   |                                  |               |           |
| Geological Date:   |                    |   |               |              |  |               |                   |                                  |               |           |
| Formation Name Formation Top Formation Base                              |                    |   |               |              |  | Comple        | etion Information |                                  |               |           |
| 1  | At:                | At: to Feet                                 |               | •            |  |               |                   | eet or Open Hole Interval toFeet |               |           |
| 2  |                    | to  |               |              |  |               | Feet or Open Ho   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
| IINDED BENALTY OF BED  | IIIDV I UEDEDV ATT |   |               |              |  |               | COBBECTTOTH       | IE BEST A                        | E MV IZNOMI E | -DCE      |
|  |                    | 5   | Submitte      | d Electro    | nically  | /             |                   |                                  |               |           |
|  |                    |   |               |              |  |               |                   |                                  |               |           |
| Do NOT Write in This Date Tested: Results:                               |                    |   |               | ults:        | Date Plugged: Date Repaired: Date Put Back in Service:                   |               |                   |                                  |               |           |
| Space - KCC USE ONLY   |                    |   |               |              |  |               |                   |                                  |               |           |
| Review Completed by:   |                    |   |               | _ Comments:  |  |               |                   |                                  |               |           |
| TA Approved: Yes   | Denied Date:       |   |               |              |  |               |                   |                                  |               |           |
|  |                    | Mail t                                      | o the Appro   | priate KCC ( | Conserv  | ation Office: |                   |                                  |               |           |
| KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801 |                    |   |               |              |  |               |                   |                                  | Phone 620.68  | 2.7933    |
| 1 1 1 1 1 1 1 1  |                    | KCC District Office #2 - 3450 N. Rock Road, |               |              |  |               |                   |                                  |               | 37.7400   |

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

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

January 26, 2022

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

Re: Temporary Abandonment API 15-011-23780-00-00 CHI-CHI 2-1C-2 NE/4 Sec.01-25S-23E Bourbon County, Kansas

## Dear Joe Taglieri:

Your application for Temporary Abandonment (TA) for the above-listed well is denied for the following reasons(s):

## Shut-in Over 10 years

Pursuant to K.A.R. 82-3-111, the well must be plugged or returned to service by 02/25/2022.

If you wish to instead file an application for an exception to the 10-year limitation of K.A.R. 82-3-111, demonstrating why it is necessary to TA the well for more than 10 years, then you must file the application for an exception by 02/25/2022.

This deadline does NOT override any compliance deadline given to you in any Commission Order.

You may contact me if you have any questions.

Sincerely, Dallas Logan ECRS KCC DISTRICT 3