## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#          |                              |              |           |        | API No. 15                                                 |                |             |                      |        |           |
|-----------------------------|------------------------------|--------------|-----------|--------|------------------------------------------------------------|----------------|-------------|----------------------|--------|-----------|
|                             |                              |              |           |        |                                                            |                |             |                      |        |           |
| Address 1:                  |                              |              |           |        |                                                            | S              | ec          | _ Twp S. R           |        | E 🗌 W     |
| Address 2:                  |                              |              |           |        |                                                            |                |             | feet from N /        | =      |           |
| City:                       | State:                       | Zip:         | +         |        | feet from E / W Line of Section                            |                |             |                      |        |           |
| Contact Person:             |                              |              |           |        | GPS Location: Lat:, Long:, Long:, Datum: NAD27 NAD83 WGS84 |                |             |                      |        |           |
| Phone:()                    |                              |              |           |        |                                                            |                |             | ion:                 | GL     | _ 🗌 КВ    |
| Contact Person Email:       |                              |              |           |        | -                                                          |                |             | Well #:              |        |           |
| Field Contact Person:       |                              |              |           |        | Well Type: (                                               | check one) 🗌   | Oil Gas     |                      | ner:   |           |
| Field Contact Person Phon   |                              |              |           |        |                                                            |                |             | _ ENHR Permit #      | :      |           |
|                             |                              |              |           |        |                                                            | rage Permit #: |             |                      |        |           |
|                             |                              |              |           |        | Spud Date:                                                 |                |             | _ Date Shut-In:      |        |           |
|                             | Conductor                    | Surfa        | ice       | Pro    | duction                                                    | Intermedi      | iate        | Liner                | Tubing | j j       |
| Size                        |                              |              |           |        |                                                            |                |             |                      |        |           |
| Setting Depth               |                              |              |           |        |                                                            |                |             |                      |        |           |
| Amount of Cement            |                              |              |           |        |                                                            |                |             |                      |        |           |
| Top of Cement               |                              |              |           |        |                                                            |                |             |                      |        |           |
| Bottom of Cement            |                              |              |           |        |                                                            |                |             |                      |        |           |
| Casing Fluid Level from Su  | rface:                       |              | How Deter | mined? |                                                            |                |             | Date                 |        |           |
| Casing Squeeze(s):          | to w                         |              |           |        |                                                            |                |             |                      |        |           |
| Do you have a valid Oil & G |                              |              |           |        |                                                            |                |             |                      |        |           |
| Depth and Type: Dunk        | in Hole at                   | Tools in Ho  | le at     | _ Cas  | ing Leaks:                                                 | Yes No         | Depth of ca | asing leak(s):       |        |           |
| Type Completion:            | T.I ALT.II Depth             | n of: DV Too | l:        | w/     | sacks                                                      | of cement      | Port Collar | :                    | sack c | of cement |
| Packer Type:                |                              |              | ,         |        |                                                            |                |             | (30,237)             |        |           |
| Total Depth:                | Plug Back Depth:             |              |           | P      | Plug Back Method:                                          |                |             |                      |        |           |
| Geological Date:            |                              |              |           |        |                                                            |                |             |                      |        |           |
| Formation Name              | Formation Top Formation Base |              |           |        | Completion Information                                     |                |             |                      |        |           |
| 1                           | At:                          | to           | Feet      | Perfor | ation Interval _                                           | to             | Feet or     | Open Hole Interval   | to     | Feet      |
| 2                           | At:                          | to           | Feet      | Perfor | ation Interval -                                           | to             | Feet or     | o Open Hole Interval | 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/

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

September 20, 2022

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

Re: Temporary Abandonment API 15-103-20520-00-00 RHOPER 2 SW/4 Sec.31-08S-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 09/20/2023.

\* 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 09/20/2023.

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

Very truly yours,

Levi Short ECRS"