

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
Dwight D. Keen, Commissioner
Andrew J. French, Commissioner

Laura Kelly, Governor

3/7/2023

Running Foxes Petroleum Inc., KLN #33397
Joe Taglieri
14550 E. Easter Ave, STE 200
Centennial, CO 80112-4222

RE: MIT Clerical Error
KOLAR Document ID#1680478
API#15-011-23901-00-00, Permit: #E-30,085.94
Well Name: Vogel #10-36C INJ2

Dear Operator:

This letter is in regards to a clerical error that has occurred on an MIT that submitted for the above referenced well. The MIT contained the following incorrect information for the well.

X Date of MIT tested: Date tested shown on U-7 form: 1/20/2023. Should have been 2/15/2023.

X Next Due Date: Next due date shown on U-7 form: 1/19/2028. Should have been 2/14/2028.

Other:

Please find a corrected MIT enclosed for your records.

Please contact your local District Office at 620-902-6452 if you have any questions or concerns.

Thanks,

Duane A. Sims

District #3 UIC Coordinator

Office: 620-902-6452 | Cell:620-212-3029

d.sims@kcc.ks.gov

CORRECTION

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

CORRECTION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: Enhanced Recovery: KCC District No.: _____
 Operator License No.: _____ Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____ Phone: (____) _____

API No.: _____ Permit No.: _____
 - - - - - Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Lease: _____ Well No.: _____
 County: _____

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:	_____	_____	_____	_____	_____	Size: _____
Set at:	_____	_____	_____	_____	_____	Set at: _____
Sacks of Cement:	_____	_____	_____	_____	_____	Type: _____
Cement Top:	_____	_____	_____	_____	_____	
Cement Bottom:	_____	_____	_____	_____	_____	

Packer Type: _____ Set at: _____

DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): _____ feet depth

Zone of Injection Formation: _____ Top Feet: _____ Bottom Feet: _____ Perf. or Open Hole: _____

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: _____ Long: _____ Date Acquired: _____

MIT Type: _____ MIT Reason: _____

Time in Minute(s): _____

Pressures: Set up 1 _____

Set up 2 _____

Set up 3 _____

Tested: Casing or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: _____

Test Date: 2/15/2023 Using: _____ Company's Equipment

The zone tested for this well is between _____ feet and _____ feet.

The test results were verified by operator's representative:

Name: _____ Title: _____ Phone: (____) _____

<p>KCC Office Use Only</p> <p>The results were:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: <u>2/14/2028</u></p>	State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Remarks: _____

