

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

**TEMPORARY ABANDONMENT WELL APPLICATION**

OPERATOR: License# \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Field Contact Person: \_\_\_\_\_

Field Contact Person Phone: (\_\_\_\_\_) \_\_\_\_\_

API No. 15- \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  E  W\_\_\_\_ feet from  N /  S Line of Section\_\_\_\_ feet from  E /  W Line of Section

GPS Location: Lat: \_\_\_\_\_ (e.g. xx.xxxxxx) Long: \_\_\_\_\_ (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84County: \_\_\_\_\_ Elevation: \_\_\_\_\_  GL  KB

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Well Type: (check one)  Oil  Gas  OG  WSW  Other: \_\_\_\_\_ SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_ Gas Storage Permit #: \_\_\_\_\_

Spud Date: \_\_\_\_\_ Date Shut-In: \_\_\_\_\_

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: \_\_\_\_\_ How Determined? \_\_\_\_\_ Date: \_\_\_\_\_

Casing Squeeze(s):  (top) to  (bottom) w / \_\_\_\_\_ sacks of cement,  (top) to  (bottom) w / \_\_\_\_\_ sacks of cement. Date: \_\_\_\_\_Do you have a valid Oil & Gas Lease?  Yes  NoDepth and Type:  Junk in Hole at \_\_\_\_\_  Tools in Hole at \_\_\_\_\_ Casing Leaks:  Yes  No Depth of casing leak(s): \_\_\_\_\_Type Completion:  ALT. I  ALT. II Depth of:  DV Tool: \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement  Port Collar: \_\_\_\_\_ w / \_\_\_\_\_ sack of cement

Packer Type: \_\_\_\_\_ Size: \_\_\_\_\_ Inch Set at: \_\_\_\_\_ Feet

Total Depth: \_\_\_\_\_ Plug Back Depth: \_\_\_\_\_ Plug Back Method: \_\_\_\_\_

**Geological Date:**

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____ to _____ Feet	Perforation Interval _____ to _____ Feet	or Open Hole Interval _____ to _____ Feet
2. _____	At: _____ to _____ Feet	Perforation Interval _____ to _____ Feet	or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

<b>Do NOT Write in This Space - KCC USE ONLY</b>	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
Review Completed by: _____	Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied	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/>

Andrew J. French, Chairperson  
Dwight D. Keen, Commissioner  
Annie Kuether, Commissioner

Laura Kelly, Governor

10/29/2025

Steve Tedesco  
Running Foxes Petroleum Inc.  
P.O. Box 460579  
Aurora, CO 80046-0579

Re: Temporary Abandonment  
API 15-011-23173-00-00  
EMMERTON FARMS 15-15  
SE/4 Sec.15-24S-25E  
Bourbon County, Kansas

Dear Steve Tedesco:

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

**Shut-in Over 10 years**

Pursuant to K.A.R. 82-3-111, the well must be plugged, or returned to service, or obtain temporary abandonment status by 11/28/2025.

**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,  
Brad Bohrer ECRS  
KCC DISTRICT 3