

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

Do NOT Write in This Space - KCC USE ONLY	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 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Street, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

ECHOMETER COMPANY PHONE-940-767-4334

WELL Hedderhorst #3
CASING PRESSURE 0'
 ΔP -----
 ΔT -----
PRODUCTION RATE
CIBP @ 3200'

JOINTS TO LIQUID NA
DISTANCE TO LIQUID 393'
PBHP -----
SBHP -----
PROD RATE EFF, % -----
MAX PRODUCTION -----

02/19/2014 14:32:26
UPPER COLLARS A: 6.
P-P 0.893 mV
LIQUID LEVEL A: 4.
P-P 1.11 mV

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Phone: 785-625-0550
Fax: 785-625-0564
<http://kcc.ks.gov/>

Sam Brownback, Governor

March 05, 2014

Martha Smith
Citation Oil & Gas Corp.
14077 CUTTEN RD
PO BOX 690688
HOUSTON, TX 77269-0688

Re: Temporary Abandonment
API 15-163-19309-00-00
HENDERHORST 3
NW/4 Sec.11-09S-19W
Rooks County, Kansas

Dear Martha Smith:

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

High Fluid Level

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by April 04, 2014.

Sincerely,

RICHARD WILLIAMS