Form CP-111 June 2011 Form must be Typed Form must be signed

All blanks must be complete

Phone 620.225.8888

Phone 316.630.4000

Phone 620.432.2300 Phone 785.625.0550

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                           |   | API No. 15                          |             |  |                              |                 |            |              |  |  |  |
|--|---|-------------------------------------|-------------|--|------------------------------|-----------------|------------|--------------|--|--|--|
| Name:  |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Address 1:                                   |   |                                     |             |  | Sec                          | Twp             | _ S. R     |              |  |  |  |
| Address 2:                                   |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Dity:  |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Contact Person:                              |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Phone:( )                                    |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Contact Person Email:                        |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Field Contact Person:                        | Well Type: (check one)  Oil  Gas  OG  WSW  Other: |                                     |             |  |                              |                 |            |              |  |  |  |
| Field Contact Person Phone: ( )              |   |                                     |             |  | SWD Permit #: ENHR Permit #: |                 |            |              |  |  |  |
|  |   | Gas Storage Permit #: Date Shut-In: |             |  |                              |                 |            |              |  |  |  |
|  |   |                                     |             | Spud Date.   |                              | Date Shut-      |            |              |  |  |  |
|  | Conductor   | Surface                             | Pro         | oduction   | Intermediate                 | Liner           |            | Tubing       |  |  |  |
| Size   |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Setting Depth                                |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Amount of Cement                             |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Top of Cement                                |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Bottom of Cement                             |   |                                     |             |  |                              |                 |            |              |  |  |  |
| Do you have a valid Oil & G. Depth and Type: | in Hole at(depth) [ .I ALT. II Depth of Size:     | Tools in Hole at                    | w /<br>Inch | sacks  | s of cement Port             | Collar:(depth)  |            |              |  |  |  |
| Geological Date:                             |   |                                     |             | J  |                              |                 |            |              |  |  |  |
| Formation Name                               | Formation   | Top Formation Base                  |             |  | Completio                    | n Information   |            |              |  |  |  |
| l  |   | to Feet                             | Perfo       | ration Interval  | to F                         |                 | Interval   | toFeet       |  |  |  |
| 2.   |   |                                     |             |  | to F                         |                 |            |              |  |  |  |
| INDED DENALTY OF DED                         | I IIIDV I UEDEBV ATTE                             | Submitte                            |             | ctronically  |                              | OBBECT TO THE E | SECT OF MY | A NYOMI EDGE |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY |   |                                     |             | Date Plugged: Date Repaired: Date Put Back in Service: |                              |                 |            |              |  |  |  |
| Review Completed by:                         |   |                                     | Comm        | nents:   |                              |                 |            |              |  |  |  |
| TA Approved: Yes                             | Denied Date:                                      |                                     |             |  |                              |                 |            |              |  |  |  |
|  |   | Mail to the App                     | ropriate l  | KCC Conserv  | vation Office:               |                 |            |              |  |  |  |

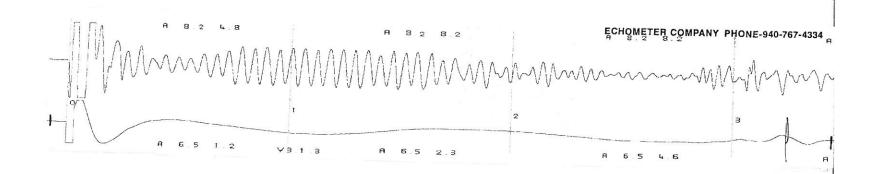
KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801

KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720

KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651

KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226

| WELL Elrich Unit 12-11<br>CASING PRESSURE | JOINTS TO LIQUID.   |                 |     |       | 10: 22: 33 |     |
|---|---|-----------------|-----|-------|------------|-----|
| ΔP<br>ΔT                                  | DISTANCE TO LIQUI PBHP SBHP PROD RATE EFF, % MAX PRODUCTION | D. 1642         |     |       | ۸:<br>ښ۷   | 8.2 |
| PRODUCTION RATE                           |   |                 |     | LEVEL | A: ,       | 6.5 |
|   |   | 09-20080 900000 | P-P |       | mV<br>⊓:   | 0,5 |



Eleick 12-4

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



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

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

February 10, 2015

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

Re: Temporary Abandonment API 15-065-03112-00-00 ELRICK UNIT 12-4 NE/4 Sec.10-10S-25W Graham County, Kansas

## Dear Sharon Ward:

"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 02/10/2016.

- \* 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 02/10/2016.

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

Very truly yours,

**RICHARD WILLIAMS"**