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

## TEMPORARY ABANDONMENT WELL APPLICATION

All blanks must be complete

| OPERATOR: License#                           |                    |                       |            | API No. 15Spot Description:                           |                     |                   |             |        |                 |                                 |     |  |  |  |
|--|--------------------|-----------------------|------------|---|---------------------|-------------------|-------------|--------|-----------------|---------------------------------|-----|--|--|--|
|  |                    |                       |            |   |                     |                   |             |        |                 | Address 1:                      |     |  |  |  |
| Address 2:                                   |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| City:  |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
|  |                    |                       |            |   |                     |                   |             |        |                 | County: Elevation: GL           |     |  |  |  |
|  |                    |                       |            | Lease Name:   |                     |                   |             |        |                 |                                 |     |  |  |  |
|  |                    |                       |            |   |                     |                   |             |        |                 | Field Contact Person Phone: ( ) |     |  |  |  |
|  |                    |                       |            |   |                     |                   |             |        | orage Permit #: |                                 | In: |  |  |  |
|  |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
|  | Conductor          | Surface               | Pro        | oduction  | Intermediate        | Liner             |             | Tubing |                 |                                 |     |  |  |  |
| Size   |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Setting Depth                                |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Amount of Cement                             |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Top of Cement  Bottom of Cement              |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Bottom of Cement                             |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Casing Fluid Level from Surf                 | face:              | How De                | etermined? |   |                     |                   | Date:       |        |                 |                                 |     |  |  |  |
| Casing Squeeze(s):                           | to w /             | sacks of ce           | ement, _   | to  | W /                 | sacks of cem      | ent. Date:_ |        |                 |                                 |     |  |  |  |
| Do you have a valid Oil & Ga                 |                    |                       |            | (100)   | (bottom)            |                   |             |        |                 |                                 |     |  |  |  |
|  |                    |                       | _          |   | J                   |                   |             |        |                 |                                 |     |  |  |  |
| Depth and Type:  Junk in                     |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Type Completion: ALT.                        | I ALT. II Depth of | of: DV Tool:(depth)   | w / _      | sack  | s of cement Port C  | Collar:           | w /         | sack o | f cement        |                                 |     |  |  |  |
| Packer Type:                                 | Size:              |                       | Inch       | Set at:   | Fee                 | t                 |             |        |                 |                                 |     |  |  |  |
| Total Depth:                                 | Plug Bad           | ck Depth:             |            | Plug Back Meth  | nod:                |                   |             |        |                 |                                 |     |  |  |  |
| Geological Date:                             |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Formation Name                               | Formation          | Top Formation Base    |            |   | Completion          | Information       |             |        |                 |                                 |     |  |  |  |
| 1  | At:                | to Fee                | t Perfo    | ration Interval                                       | toFe                | et or Open Hole I | nterval     | to     | Feet            |                                 |     |  |  |  |
| 2  | At:                | to Fee                | t Perfo    | ration Interval                                       | to Fe               | et or Open Hole I | nterval     | to     | Feet            |                                 |     |  |  |  |
| LINDED BENALTY OF BED                        | HIDVILLEDEDY ATTE  | CETTILAT THE INCORM   | ATION CO   | NITAINED HEE  | DEIN IS TRUE AND CO |                   | DEST OF MY  | KNOWLE | DOE             |                                 |     |  |  |  |
|  |                    |                       |            |   |                     |                   | ,           |        |                 |                                 |     |  |  |  |
|  |                    | Submitt               | ted Ele    | ctronicall  | У                   |                   |             |        |                 |                                 |     |  |  |  |
|  |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested:       | Date Tested: Results: |            | Date Plugged: Date Repaired: Date Put Back in Service |                     |                   | rice:       |        |                 |                                 |     |  |  |  |
| Review Completed by:                         |                    |                       | Comn       | nents:  |                     |                   |             |        |                 |                                 |     |  |  |  |
| TA Approved: Yes                             | Denied Date:       |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
| L  |                    |                       |            |   |                     |                   |             |        |                 |                                 |     |  |  |  |
|  |                    | Mail to the App       | oropriate  | KCC Conserv   | vation Office:      |                   |             |        |                 |                                 |     |  |  |  |

| NAME AND DOOR DAY DOOR DAY DOOR DAYS DAYS WARE WARE THE PARTY DAYS   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801                      | Phone 620.225.8888 |
|--|---|--------------------|
| 1000   1000   1000   1   | KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.630.4000 |
| The control of the co | KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720                             | Phone 620.432.2300 |
| dies trees trees that the large trees tree | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                             | Phone 785.625.0550 |

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

October 15, 2015

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

Re: Temporary Abandonment API 15-163-20955-00-00 RUSS 6 NW/4 Sec.31-08S-17W Rooks County, Kansas

## Dear Cynthia Villacorta:

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

## **High Fluid Level**

In accordance with K.A.R. 82-3-111, this well must be plugged or returned to service by November 14, 2015.

Sincerely,

RICHARD WILLIAMS