

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: _____, Long: _____

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): _____ to _____ w / _____ sacks of cement, _____ to _____ 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 Data:**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: ☐ Yes ☐ 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 Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

CASING MECHANICAL INTEGRITY TEST

CKET# E-25,387-0001Disposal Well ☐ Enhanced Recovery:
Repressuring ☐
Flood ☒
Tertiary ☐SE SE NE, Sec 36, T 8 S, R 18 E (W)2970 Feet from South Section Line330 Feet from East Section Line

Date injection started _____

API #15- 163-20834-0001Lease Maddy B Well # 2County RooksOperator: Citation Oil & GasOperator License# 3553

Name &

Address 1016 E. Hwy 40 BypassContact Person Neil Phannenstiel FEB 12 2014Hays, KS. 67601Phone (785)-798-5637

KCC

HAYS, KS

Max. Auth. Injection Press 0 Psi; Max Inj. Rate 200 bbl/d;

If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner		Tubing
Size		<u>8 5/8</u>	<u>5 1/2</u>		Size	<u>2 7/8</u>
Set at		<u>215</u>	<u>3493</u>		Set at	<u>2962</u>
Cement Top		<u>Surface</u>	<u>-</u>		Type	
" Bottom		<u>215</u>	<u>3493</u>			

DV/Perf. _____ TD (and plug back) 3493 ft. depthPacker type Tension Size 5 1/2 x 2 7/8 Set at 2962Zone of injection 3048 ft. to ft. 3340 (Perf.) or (Open) hole PerforatedType MIT: Pressure: 02 Radioactive Tracer Survey: ☐ Temperature Survey: ☐F Time: Start 0 Min 15 Min 30 Min

I

E Pressures: 330# 330# 330# Set up 1 System Pres. during test -

L

D _____ Set up 2 Annular Pres. during test 330#

D

A _____ Set up 3 Fluid loss during test - bbls.

A

T Tested: Casing ☐ or Casing - Tubing Annulus ☒

A

The bottom of the tested zone in shut in with PackerTest Date 2-3-14 Using ATS Company's EquipmentThe operator hereby certifies that the zone between 0 feet and 2962 feetwas the zone tested [Signature]
Signature

Title

The results were Satisfactory ☒ Marginal _____ Not Satisfactory _____State Agent: Pat Budone Title: PART II Witness: YES ☒ NO ☐

REMARKS:

PASSED

KCC Origin. Conservation Div.: ☐ KDHE/T: 04 Dist. Office☐ Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) NGPS Lat 39.31463°N GPS Long 099.27089°W(If YES please describe in REMARKS)
KCC Form U-7

Dopita KS

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/>

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

Sam Brownback, Governor

October 20, 2015

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

Re: Temporary Abandonment
API 15-163-20834-00-01
MADDY B-2
NE/4 Sec.36-08S-18W
Rooks County, Kansas

Dear Cynthia Villacorta:

"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 10/20/2016.

- * 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 10/20/2016.

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

Very truly yours,

RICHARD WILLIAMS"