



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: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ 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: _____
(top) (bottom) (top) (bottom)

Do you have a valid Oil & Gas Lease? Yes No

Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)

Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)

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: <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

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-13,518.9

Disposal Well Enhanced Recovery:

NE NE NW, Sec 2, T 9 S, R 19 E

PASSED

Repressuring

4950 Feet from South Section Line

Flood

2970 Feet from East Section Line

Tertiary

Date injection started _____

Lease Barry LKC Unit Well # 4-W09

API #15- 163-01601-00-01

County Rooks

Operator: Citation Oil & Gas Corp.

Operator License # 3553

Name &

Contact Person Leon Plante

Address 1016 E HWY 40 Bypass

Hays, Ks. 67601

Phone (785)-625-4052

KCC

NOV 08 2016

Max. Auth. Injection Press. 1500 Psi; Max Inj. Rate 1000 bbl/d;

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

Conductor	Surface	Production	Liner	Tubing
Size <u>10 3/4</u>	Size <u>7</u>	Size <u>5 1/2</u>	Size <u>2 3/8</u>	
Set at _____	Set at <u>206 w/175sx</u>	Set at <u>3443</u>	Set at <u>3125</u>	
Cement Top _____	Cement Bottom <u>Surface</u>	Cement Bottom <u>2190</u>	Type <u>D.L.</u>	
" Bottom _____	Bottom <u>206</u>	Bottom <u>3443</u>		

HAYS, KS

DV/Perf. _____ TD (and plug back) _____ ft. depth

Packer type Arrow Set 1x Size 5 1/2 x 2 7/8 Set at 3125

Zone of injection 3145 ft. to ft. 3347 or open hole Perforated

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min. 15 Min. 30 Min.

I Pressures: 340# 340# 340# Set up 1

System Pres. during test _____

L _____ Set up 2

Annular Pres. during test 340#

D _____ Set up 3

Fluid loss during test - bbls.

A Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with Packer

Test Date 10-25-16 Using ATS Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3125 feet

was the zone tested Leon Plante Signature Title

The results were Satisfactory *, Marginal _____, Not Satisfactory _____

State Agent: Pat Bedone Title: E.C.R.S. Witness: YES * **PASSED**

REMARKS: Old 5g25 724'-755' w/400sx, 1000-1500' w/525sx + 693' w/45sx. Less than 1 bbl. to load

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) N

GPS Lat 39.30624°N GPS Long 099.41049°W

(If YES please describe in REMARKS)

November 17, 2017

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

Re: Temporary Abandonment
API 15-163-01601-00-01
BARRY LKC 4W09
NW/4 Sec.02-09S-19W
Rooks County, Kansas

Dear Sara Guthrie:

"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 11/17/2018.

- * 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 11/17/2018.

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

Very truly yours,

RICHARD WILLIAMS "