

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

T/A # 5,038

CASING MECHANICAL INTEGRITY TEST

DOCKET #

Disposal Well Enhanced Recovery:

Repressuring
Flood
Tertiary

Sec 2, T 10 S, R 21 E/W
343' 330 Feet from South Section Line
961' 990 Feet from East Section Line

Date injection started

API #15-065-23904-0000

Lease McClellan Well # 17
County Graham

Operator: Citation Oil
Name & Address PO Box 690688
Houston TX 77269

Operator License # 3553
Contact Person Dennis
Phone 785-639-6314

KCC
OCT 03 2018
HAYS, KS

Max. Auth. Injection Press. _____ Psi; Max Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor _____ Surface _____ Production _____ Liner _____ Tubing _____
Size _____ Set at _____ Cement Top _____ " Bottom _____
DV/Perf. _____ TD (and plug back) 4015 ft. depth
Packer type _____ Size _____ Set at _____
Zone of injection _____ ft. to ft. _____ Perf. or open hole _____

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 _____
D _____ Set up 3 Fluid loss during test _____ bbls.

A Tested: Casing or Casing - Tubing Annulus

For T/A

The bottom of the tested zone in shut in with _____
Test Date 10-2-18 Using Keller Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4012 feet
was the zone tested Dennis Mack Signature _____ Title _____

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent: MARV Mills Title: E.C.R.S. Witness: YES NO _____
REMARKS: _____

Origin. Conservation Div.: KDHE/T: Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 39.20639 GPS Long 99.62718

(If YES please describe in REMARKS)

October 08, 2019

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

Re: Temporary Abandonment
API 15-065-23904-00-00
MCCLELLAN 17
SE/4 Sec.02-10S-21W
Graham 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 10/08/2020.

- * 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 10/08/2020.

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

Very truly yours,

RICHARD WILLIAMS "