July 2017 Form must be Typed

## TEMPORARY ABANDONMENT WELL APPLICATION

|     | For    | m | mu  | st l | be | sig | ned  |
|-----|--------|---|-----|------|----|-----|------|
| AII | blanks | m | ust | be   | СС | ат  | lete |

Phone 620.902.6450

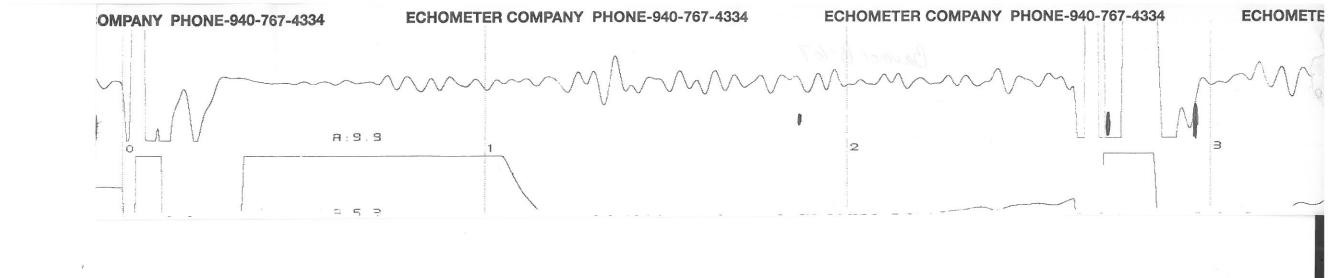
Phone 785.261.6250

| OPERATOR: License#              |                        |  |                 |          | API No. 15-                                 |                    |                     |               |                   |            |  |
|---------------------------------|------------------------|--|-----------------|----------|---|--------------------|---------------------|---------------|-------------------|------------|--|
| OPERATOR: License#              |                        |  |                 |          | API No. 15-  Spot Description:              |                    |                     |               |                   |            |  |
| Address 1:                      |                        |  |                 |          |   | •                  | c Twp               |               |                   | ΕΠW        |  |
| Address 2:                      |                        |  |                 |          |   |                    | feet f              |               |                   |            |  |
|                                 |                        |  |                 |          |   |                    | feet t              |               |                   | of Section |  |
| City:                           |                        |  |                 |          | GPS Location: Lat: , Long: , (e.gxxx.xxxxx) |                    |                     |               |                   |            |  |
| Contact Person:                 |                        |  |                 |          | Datum:                                      | NAD27 NAD          | 083 WGS84           |               |                   |            |  |
| Phone:( )                       |                        |  |                 |          | County:                                     |                    |                     |               |                   |            |  |
| Contact Person Email:           |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Field Contact Person:           |                        | Well Type: (check one) Oil Gas OG WSW Other:  SWD Permit #: ENHR Permit #: |                 |          |   |                    |                     |               |                   |            |  |
| Field Contact Person Phone: ( ) |                        |  |                 |          | Gas Storage Permit #:                       |                    |                     |               |                   |            |  |
|                                 |                        |  |                 |          | Spud Date: Date Shut-In:                    |                    |                     |               |                   |            |  |
|                                 | Conductor              | Surfac   | ce              | Pro      | duction                                     | Intermediat        | е                   | Liner         | Tubing            | J          |  |
| Size                            |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Setting Depth                   |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Amount of Cement                |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Top of Cement                   |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Bottom of Cement                |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Casing Fluid Level from Surf    | face:                  |  | _ How Deter     | mined?   |   |                    |                     | D             | ate:              |            |  |
| Casing Squeeze(s):              | to w                   | /s   | sacks of ceme   | ent,     | (top) to                                    | W /                | sacks o             | f cement. D   | )ate:             |            |  |
| Do you have a valid Oil & Ga    |                        | _  |                 |          | ()  | (                  |                     |               |                   |            |  |
| •                               |                        |  |                 |          | –   | 1.                 |                     |               |                   |            |  |
| Depth and Type:                 | n Hole at [<br>(depth) | Tools in Hole  | e at<br>(depth) | _ Cas    | sing Leaks:                                 | ]Yes ∐No □         | Depth of casing lea | k(s):         |                   |            |  |
| Type Completion: ALT.           | I ALT. II Depth        | of: DV Tool:   | (depth)         | w/_      | sacks                                       | of cement F        | Port Collar:        | th) w / _     | sack o            | of cement  |  |
| Packer Type:                    |                        |  |                 |          |   |                    |                     | ,             |                   |            |  |
| Total Depth:                    | Plug Ba                | ck Depth:  |                 | F        | Plug Back Metho                             | od:                |                     |               |                   |            |  |
| Geological Date:                |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Formation Name                  | Formation              | Top Formatio   | n Base          |          |   | Comp               | letion Information  |               |                   |            |  |
| 1                               | At:                    | to   | Feet            | Perfor   | ation Interval                              | ·                  | _ Feet or Open      | Hole Interval | l to              | Feet       |  |
| 2                               |                        | to   |                 |          |   |                    | Feet or Open        |               |                   |            |  |
|                                 |                        |  |                 |          |   |                    | ·                   |               |                   |            |  |
| IINDED DENALTY OF DED           | IIIDV I LEDEDV ATT     | E CT TU AT TUE   | INICODMATI      | ON COP   | ITAINED LED                                 | EIN IC TOLIE AN    | D CODDECT TO 1      | THE BEST A    | DE MV IZNOMI I    | -DCE       |  |
|                                 |                        | S  | Submitted       | d Ele    | ctronically                                 | /                  |                     |               |                   |            |  |
|                                 |                        |  |                 |          |   |                    |                     |               |                   |            |  |
| Do NOT Write in This            | Date Tested:           |  | Resu            | ults:    |   | Date Plugge        | d: Date Repair      | ed: Date      | e Put Back in Ser | vice:      |  |
| Space - KCC USE ONLY            |                        | _  |                 |          |   |                    |                     |               |                   |            |  |
| Review Completed by:            |                        |  |                 | Comm     | ents:                                       |                    |                     |               |                   |            |  |
| TA Approved: Yes                | Denied Date:           |  |                 |          |   |                    |                     |               |                   |            |  |
|                                 |                        | Mail to  | o the Appro     | priate k | CC Conserv                                  | ation Office:      |                     |               |                   |            |  |
|                                 | KCC Dist               | rict Office #1 - 2   |                 |          |   |                    |                     |               | Phone 620.68      | 2.7933     |  |
|                                 |                        |  |                 |          |   | Suite 601, Wichita | a. KS 67226         |               | Phone 316.33      |            |  |

KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720

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

| CASING PRESSURE 8/10/2\  OP  OT  DISTANCE TO LIQUID  PBHP  SBHP |     |
|---|-----|
|   | LOW |
| PRODUCTION RATE PROD RATE EFF, %                                | LIQ |



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



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Laura Kelly, Governor

Andrew J. French, Chairperson Dwight D. Keen, Commissioner Susan K. Duffy, Commissioner

August 13, 2021

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

Re: Temporary Abandonment API 15-051-26451-00-00 BAUMER B 67 E/2 Sec.27-11S-17W Ellis 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 08/13/2022.

- \* 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 08/13/2022.

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

Very truly yours,

**RICHARD WILLIAMS"**