## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

All blanks must be complete

## TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#                     |   |             |              |         | API No. 15  |                 |              |                |          |    |         |        |
|--|---|-------------|--------------|---------|---|-----------------|--------------|----------------|----------|----|---------|--------|
| Name:                                  |   |             |              |         | Spot Description:   |                 |              |                |          |    |         |        |
|  |   |             |              |         |   |                 |              |                |          |    |         | = 🗌 w  |
| Address 2:                             |   |             |              |         |   |                 |              |                | -        |    |         |        |
| Citv:                                  | State:                                    | Zip:        | +            |         | feet from E / W Line of Section   |                 |              |                |          |    |         |        |
| City:     Contact Person:     Phone:() |   |             |              |         | GPS Location: Lat:, Long:, Long:, Datum: NAD27 NAD83 WGS84<br>County: Elevation: GL KB                          |                 |              |                |          |    |         |        |
|  |   |             |              |         |   |                 |              |                |          |    |         |        |
| Contact Person Email:                  |   |             |              |         | County  Elevation  0 GL    Lease Name:  Well #:    Well Type: (check one)  Oil    SWD Permit #:  ENHR Permit #: |                 |              |                |          |    |         |        |
| Field Contact Person:                  |   |             |              |         |   |                 |              |                |          |    |         |        |
| Field Contact Person Phor              |   |             |              |         |   |                 |              |                |          |    |         |        |
| Field Contact Person Pho               | le. ( )                                   |             |              |         |   | rage Permit #:_ |              |                |          |    |         |        |
|  |   |             |              |         | Spud Date:  |                 |              | Date Shut-In   |          |    |         |        |
|  | Conductor                                 | Surfa       | ace          | Pro     | duction   | Intermedi       | ate          | Liner          |          |    | Tubing  |        |
| Size                                   |   |             |              |         |   |                 |              |                |          |    |         |        |
| Setting Depth                          |   |             |              |         |   |                 |              |                |          |    |         |        |
| Amount of Cement                       |   |             |              |         |   |                 |              |                |          |    |         |        |
| Top of Cement                          |   |             |              |         |   |                 |              |                |          |    |         |        |
| Bottom of Cement                       |   |             |              |         |   |                 |              |                |          |    |         |        |
|  |   |             |              | . 10    |   |                 |              |                |          |    |         |        |
| Casing Fluid Level from Su             |   |             |              |         |   |                 |              |                |          |    |         |        |
| Casing Squeeze(s):                     | ) to v                                    | V /         | sacks of cem | ent,    | to  | (bottom) W /    | 9            | sacks of cemei | nt. Date | e: |         |        |
| Do you have a valid Oil & (            | Gas Lease? 🗌 Yes                          | No          |              |         |   |                 |              |                |          |    |         |        |
| Depth and Type: 🗌 Junk                 | in Hole at                                | Tools in Ho | le at        | Cas     | ing Leaks:  | Yes No          | Depth of cas | sina leak(s):  |          |    |         |        |
|  |   |             | ,            |         |   |                 |              |                |          |    |         |        |
| Type Completion: AL                    |   |             | ,            |         |   |                 |              | (depth)        | W/       |    | Sack of | cement |
| Packer Type:                           | Size:                                     |             |              | Inch \$ | Set at:   |                 | Feet         |                |          |    |         |        |
| Total Depth:                           | th: Plug Back Depth:                      |             |              | F       | _ Plug Back Method:   |                 |              |                |          |    |         |        |
| Geological Date:                       |   |             |              |         |   |                 |              |                |          |    |         |        |
| Formation Name                         | rmation Name Formation Top Formation Base |             |              |         | Completion Information  |                 |              |                |          |    |         |        |
| 1                                      | At:                                       | to          | Feet         | Perfor  | ation Interval  | to              | Feet or      | Open Hole Int  | erval_   |    | to      | Feet   |
| 2                                      | At:                                       | to          | Feet         | Perfor  | ation Interval -  | to              | Feet or      | Open Hole Int  | erval    |    | to      | Feet   |
|  |   |             |              |         |   |                 |              | opon noio m    | 0        |    |         |        |

## Submitted Electronically

| Do NOT Write in This<br>Space - KCC USE ONLY | Date Tested: | Results:  |  | Date Repaired: | Date Put Back in Service: |  |  |
|--|--------------|-----------|--|----------------|---------------------------|--|--|
| Review Completed by:                         |              | Comments: |  |                |                           |  |  |
| TA Approved: 🗌 Yes 🗌 De                      | enied Date:  |           |  |                |                           |  |  |

## Mail to the Appropriate KCC Conservation Office:

| Norm forthe last and rate and and forthe barry and work for any  | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| Norm    Norm <td< th=""><td>KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226</td><td>Phone 316.337.7400</td></td<> | 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 |
| Non-    Non-    Hape    Hape <th< td=""><td>KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651</td><td>Phone 785.261.6250</td></th<>                      | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |

| P | ANY PHONE-940-767-4334  | ECHOMETER COMPANY | PHONE-940-767-4334   | ECHOMETER COMP | ANY PHON                         |
|---|---|-------------------|--|----------------|----------------------------------|
| 1 | WELL Anson East<br>CASING PRESSURE<br>AP<br>AT<br>PRODUCTION RATE<br>15:01:50 UTC |                   | JOINTS TO LIQUI<br>DISTANCE TO LIQ<br>P3HP<br>S3HP<br>PROD RATE EFF,<br>MAX PRODUCTION | UID 2393       | COLLA<br>A: 9.<br>UPPER<br>LIQUI |
|   |   |                   |  |                |                                  |

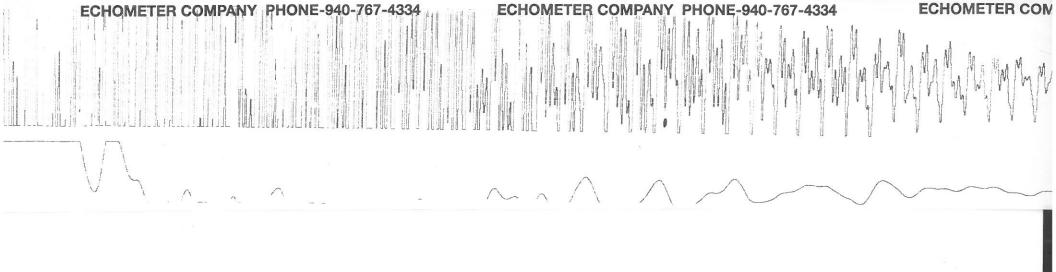
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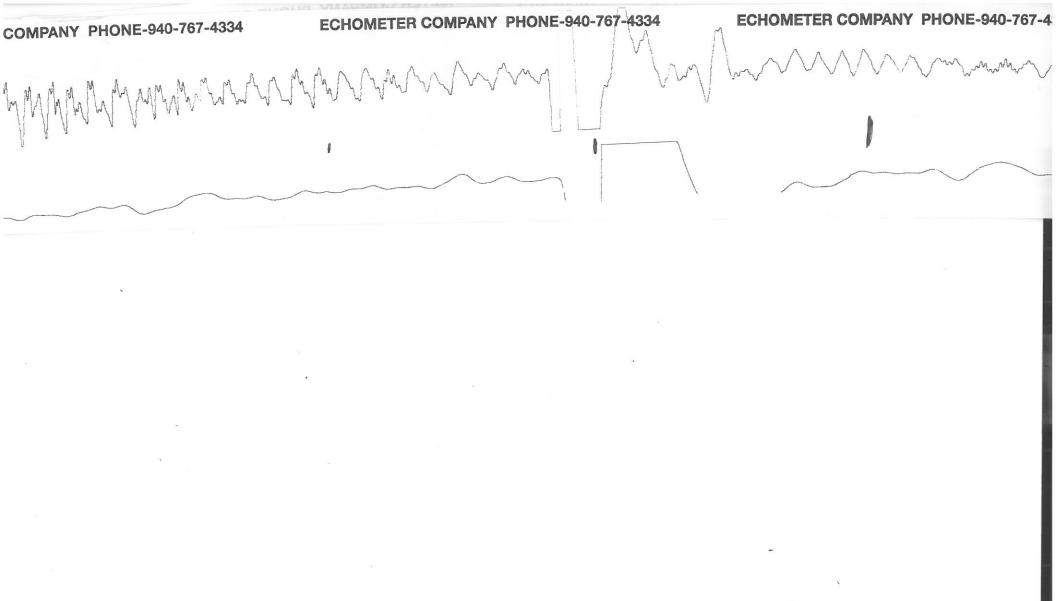
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Phone: 316-337-7400 Fax: 316-630-4005 http://kcc.ks.gov/

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

August 18, 2021

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

Re: Temporary Abandonment API 15-191-50021-00-00 ANSON EAST UNIT B 2-04 NE/4 Sec.07-31S-01W Sumner County, Kansas

Dear Tara Fitzpatrick:

"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 08/18/2022.

\* 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 08/18/2022.

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

Very truly yours,

Steve VanGieson"