

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2556316

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 17180 4. Contact Name: BRIDGET LISENBE
2. Name of Operator: CITATION OIL & GAS CORP Phone: (281) 891-1565
3. Address: PO BOX 690688 Fax: (281) 580-2168
City: HOUSTON State: TX Zip: 77269

5. API Number 05-017-06866-00 6. County: CHEYENNE
7. Well Name: ARAPAHOE UNIT Well Number: 133 (23-25)
8. Location: QtrQtr: NESW Section: 25 Township: 14S Range: 42W Meridian: 6
9. Field Name: ARAPAHOE-EAST Field Code: 2876

Completed Interval

FORMATION: <u>MORROW</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/11/2010</u>	Date of First Production this formation: <u>06/12/2010</u>
Perforations Top: <u>5092</u> Bottom: <u>5099</u>	No. Holes: <u>4</u> Hole size: <u>4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SQUEEZED 5099-5104 W/ 25 SXS CMT. PERF'D 5092-5099 4 SPF, 90 DEGREE PASHING AND 4" EXPANDABLE GUN.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>06/12/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>92</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>92</u> GOR: <u></u>	
Test Method: <u>PUMPING</u> Casing PSI: <u>60</u> Tubing PSI: <u>30</u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u></u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>5054</u> Tbg setting date: <u>06/06/2005</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: BRIDGET LISENBE
Title: PERMITTING ANALYST Date: 6/23/2010 Email: BLISENBE@COGC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David G. Neslin
Director of COGCC

Date: 2/18/2011

Attachment Check List

Att Doc Num	Name
2556316	FORM 5A SUBMITTED
2556317	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)