

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



Table with columns DE, ET, OE, ES

Document Number: 1636073

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: KIMBERLY MOORHEAD
2. Name of Operator: CITATION OIL & GAS CORP Phone: (281) 891-1555
3. Address: PO BOX 690688 City: HOUSTON State: TX Zip: 77269 Fax:

5. API Number 05-017-06652-00 6. County: CHEYENNE
7. Well Name: RHOADES 42-35 Well Number: 5
8. Location: QtrQtr: SENE Section: 35 Township: 13S Range: 49W Meridian: 6
9. Field Name: SORRENTO Field Code: 77725

Completed Interval

FORMATION: MARMATON Status: TEMPORARILY ABANDONED

Treatment Date: 03/31/2011 Date of First Production this formation:
Perforations Top: 4932 Bottom: 4913 No. Holes: 36 Hole size:

Provide a brief summary of the formation treatment: Open Hole:
CIBP SET AT 4880 WITH 2 SX CMT ON TOP. WELL TA'D.

This formation is commingled with another formation: Yes No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:
NOT ECONOMICALLY VIABLE.

Date formation Abandoned: 03/31/2011 Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: 4880 Sacks cement on top:

Comment:

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

Signed: Print Name: KIMBERLY MOORHEAD
Title: COMPLETION ANALYST Date: 4/27/2011 Email: KMOORHEAD@COGC.COM

Attachment Check List

Att Doc Num	Name
1636073	FORM 5A SUBMITTED
1636074	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK REASON FOR FOR NON-PRODUCTION - OMITTED BY OPERATOR - NEEDED FOR SUBMISSION.	6/9/2011 12:06:14 PM

Total: 1 comment(s)