


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1636073</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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: <u>17180</u>		4. Contact Name: <u>KIMBERLY MOORHEAD</u>					
2. Name of Operator: <u>CITATION OIL &amp; GAS CORP</u>		Phone: <u>(281) 891-1555</u>					
3. Address: <u>PO BOX 690688</u>		Fax: _____					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77269</u>					
5. API Number <u>05-017-06652-00</u>		6. County: <u>CHEYENNE</u>					
7. Well Name: <u>RHOADES 42-35</u>		Well Number: <u>5</u>					
8. Location: QtrQtr: <u>SENE</u>	Section: <u>35</u>	Township: <u>13S</u>	Range: <u>49W</u> Meridian: <u>6</u>				
9. Field Name: <u>SORRENTO</u>		Field Code: <u>77725</u>					
<u>Completed Interval</u>							
FORMATION: <u>MARMATON</u>		Status: <u>TEMPORARILY ABANDONED</u>					
Treatment Date: <u>03/31/2011</u>		Date of First Production this formation: _____					
Perforations Top: <u>4932</u>	Bottom: <u>4913</u>	No. Holes: <u>36</u>	Hole size: _____				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
CIBP SET AT 4880 WITH 2 SX CMT ON TOP. WELL TA'D.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
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: <u>03/31/2011</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, number of sacks cmt _____							
Bridge Plug Depth: <u>4880</u>		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: <u>KIMBERLY MOORHEAD</u>					
Title: <u>COMPLETION ANALYST</u>	Date: <u>4/27/2011</u>	Email <u>KMOORHEAD@COGC.COM</u>					

### 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)