

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2587981

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
2. Name of Operator: CITATION OIL & GAS CORP
3. Address: PO BOX 690688
City: HOUSTON State: TX Zip: 77269
4. Contact Name: KIMBERLY MOORHEAD
Phone: (281) 891-1555
Fax: (281) 580-2168

5. API Number 05-017-06755-00
6. County: CHEYENNE
7. Well Name: ARAPAHOE UNIT
Well Number: 129(24-25)
8. Location: QtrQtr: SESW Section: 25 Township: 14S Range: 42W Meridian: 6
9. Field Name: ARAPAHOE-EAST Field Code: 2876

Completed Interval

FORMATION: MORROW Status: PRODUCING

Treatment Date: 06/29/2011 Date of First Production this formation: 07/02/2011

Perforations Top: 5094 Bottom: 5110 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

TOOH ROD AND PMP. PERF'D MORROW 5094-5110, 4SPF, 32 GRAM CHR.G., .52 ENTRY IN 4" EXPANDABLE GUN. TIH W/RODS AND PUMP. POP 07/02/2011.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 07/04/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 0 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 0 Bbls H2O: 1 GOR: 0

Test Method: PUMPING Casing PSI: 25 Tubing PSI: 40 Choke Size:

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5056 Tbg setting date: 06/29/2011 Packer Depth: 5048

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: 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: 7/29/2011 Email: KMOORHEAD@COGC.COM

Attachment Check List

Att Doc Num	Name
2587981	FORM 5A SUBMITTED
2587982	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK API GRAVITY FIELD - ENTRY NEEDS SINCE BBLs OIL IS ENTERED.	9/12/2011 10:44:53 AM

Total: 1 comment(s)