

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2172952

Date Received:

10/30/2012

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: 14077 CUTTEN RD

City: HOUSTON State: TX Zip: 77269

4. Contact Name: SAMANTHA ALANIS

Phone: (281) 891-1553

Fax: (281) 580-2168

5. API Number 05-017-06997-00

7. Well Name: BILL 12E-26

8. Location: QtrQtr: W2NW Section: 26 Township: 13S Range: 42W Meridian: 6

9. Field Name: ARAPAHOE Field Code: 2875

6. County: CHEYENNE

Well Number: 1

### Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 07/03/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 07/06/2012  
Perforations Top: 5141 Bottom: 5157 No. Holes: 64 Hole size: 54/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

TIH, CORRELATE & PERF MORROW 5141-57', 4 SPF, .54 ENTRY, 32 GRAM, 90 DEGREE SPACING, EXPANDABLE 4" CSG GUN. SET TAC W/25K, LAND TBG, PACK OFF WELLHEAD. IFL-5100' (SN-5191'). MADE 3 RUNS, RECVRD 60' FL. PMPD 15 BBLs 3% KC1 W/5 GAL PASA 400 & AS-290 DN CSG. MAKE 2 ADD'L RUNS W/50' RECOVERY TOT. TIH W/BHP EQUIP MAKING GRADIENT STOPS @ 4750', 4850', 4950', 5050' & SET @ 5149'

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

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 07/09/2012 Hours: 24 Bbl oil: 147 Mcf Gas: 0 Bbl H2O: 200  
Calculated 24 hour rate: Bbl oil: 147 Mcf Gas: 0 Bbl H2O: 200 GOR: \_\_\_\_\_  
Test Method: pumping Casing PSI: 2 Tubing PSI: 30 Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 40  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5196 Tbg setting date: 07/03/2012 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

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

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: SAMANTHA ALANIS  
Title: ENGINEERING TECH Date: 10/30/2012 Email: SALANIS@COGC.COM  
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#### Attachment Check List

Att Doc Num	Name
2172952	FORM 5A SUBMITTED
2172953	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Operator provided tubing setting date.	11/2/2012 8:01:15 AM
Permit	Requested tubing setting date.	11/2/2012 6:56:06 AM

Total: 2 comment(s)