

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:

400903826

Date Received:

09/23/2015

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: Sarah King

Phone: (281) 891-1570

Fax: (281) 580-2168

Email: sking@cogc.com

5. API Number 05-017-07058-00

7. Well Name: FRANK 41-29

8. Location: QtrQtr: NENE

Section: 29

Township: 13S

Range: 42W

Meridian: 6

9. Field Name: ARAPAHOE

Field Code: 2875

6. County: CHEYENNE

Well Number: 1

### Completed Interval

FORMATION: ATOKA Status: ABANDONED Treatment Type: ACID JOB  
WELLBORE/COMPLETION

Treatment Date: 08/12/2015 End Date: 08/18/2015 Date of First Production this formation: 09/11/2015

Perforations Top: 4958 Bottom: 4968 No. Holes: 40 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

On 8/12/2015 set 4 1/2" CIBP @ 5100' with 2 sx cement on top. Perf'd Atoka formation from 4958-4968' (4 shots per foot). Acidized Atoka with 750 gallons 15% KCL & 2 BBLS 3%KCL. On 8/13/2015 Acidized Atoka with 1000 gallons 20% KCL & 30 BBLS 3% KCL. Trace oil shows. On 8/18/2015 set CIBP @ 4900' with 2 sx cement on top. Tripped out of hole with rods and tubing. Well TA'd pending further evaluation.

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

Total fluid used in treatment (bbl): 72

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): 42

Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 30

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: 08/14/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 17

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 17 GOR: 0

Test Method: flowing Casing PSI: 0 Tubing PSI: 5 Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: Trace amount of oil. Additional perms not successful.

Date formation Abandoned: 08/18/2015 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 4900 \*\* Sacks cement on top: 2 \*\* 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: Sarah King

Title: Regulatory Analyst III Date: 9/23/2015 Email: sking@cogc.com

### Attachment Check List

Att Doc Num	Name
400903854	CEMENT JOB SUMMARY
400903857	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected fluid totals and corrected formation status from TA to AB, since 2 sx cement placed on top of CIBP.	9/23/2015 4:24:03 PM

Total: 1 comment(s)