

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: <u>17180</u>	4. Contact Name: <u>Sarah King</u>
2. Name of Operator: <u>CITATION OIL & GAS CORP</u>	Phone: <u>(281) 891-1570</u>
3. Address: <u>14077 CUTTEN RD</u>	Fax: <u>(281) 580-2168</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77269</u>	Email: <u>sking@cogc.com</u>

5. API Number <u>05-017-07058-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>FRANK 41-29</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>29</u> Township: <u>13S</u> Range: <u>42W</u> Meridian: <u>6</u>	
9. Field Name: <u>ARAPAHOE</u> Field Code: <u>2875</u>	

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)