

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:

401302245

Date Received:

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: Sandra Goncalves

Phone: (281) 8911555

Fax: (281) 5802168

Email: soncalves@cogc.com

5. API Number 05-017-06918-00

7. Well Name: GRAYS STATE 22-36

6. County: CHEYENNE

Well Number: 7

8. Location: QtrQtr: SENW

Section: 36

Township: 12S

Range: 51W

Meridian: 6

9. Field Name: BLEDSOE RANCH

Field Code: 6903

Completed Interval

FORMATION: MORROW

Status: ABANDONED
WELLBORE/COMPLETION

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation:

Perforations Top: 6161

Bottom: 6165

No. Holes: 16

Hole size: 0.52

Provide a brief summary of the formation treatment:

Open Hole: ☐

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

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

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: uneconomic

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

** Bridge Plug Depth: 6100 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____

Print Name: Sandra Goncalves

Title: Regulatory Analyst II

Date: _____

Email: sgoncalves@cogc.com

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Attachment Check List

Att Doc Num

Name

401306121

WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)