

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



Table with columns DE, ET, OE, ES

Document Number: 401678103

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: Leatha Greenwood
Phone: (281) 891-1559
Fax:
Email: lgreenwood@cogc.com

5. API Number 05-017-06739-00
6. County: CHEYENNE
7. Well Name: ARAPAHOE UNIT
Well Number: 128 (34-25)
8. Location: QtrQtr: SWSE Section: 25 Township: 14S Range: 42W Meridian: 6
9. Field Name: ARAPAHOE-EAST Field Code: 2876

Completed Interval

FORMATION: MORROW Status: ABANDONED Treatment Type: WELLBORE/COMPLETION
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5107 Bottom: 5124 No. Holes: 12 Hole size:
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: Bridge plug set at 5050' w/2 sacks cement.

Date formation Abandoned: 06/07/2018 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 5050 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Tubing leak was repaired and well temporarily abandoned with a bridge plug set at 5050' with 2 sx cement on 6-7-18.

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

Signed: _____ Print Name: Leatha Greenwood

Title: Reg. Analyst Date: _____ Email lgreenwood@cogc.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401681193	COMPLETED INTERVAL REPORT
401681194	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)