

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:

401859677

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: Sharon Ward  
Phone: (281) 891-1556  
Fax: (281) 580-2168  
Email: sward@cogc.com

5. API Number 05-017-06614-00  
6. County: CHEYENNE  
7. Well Name: MPU Well Number: 43-34  
8. Location: QtrQtr: NESE Section: 34 Township: 13S Range: 48W Meridian: 6  
9. Field Name: MOUNT PEARL Field Code: 56770

Completed Interval

FORMATION: MORROW B Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 07/02/1986  
Perforations Top: 5364 Bottom: 5372 No. Holes: 16 Hole size: 4  
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: Uneconomical  
Date formation Abandoned: 09/29/2016 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: 5300 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

Filing form 5A to show the MPU 43-34 well was TA'd on 10/1/2016 with a CIBP @ 5300' and 2 sxs cement on top.

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

Signed: \_\_\_\_\_

Print Name: Sharon Ward

Title: Permitting Manager

Date: \_\_\_\_\_

Email sward@cogc.com

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### **Attachment Check List**

**Att Doc Num**

**Name**

401859680

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)