

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:

12/04/2018

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: ABANDONED Treatment Type: WELLBORE/COMPLETION
Treatment Date: End Date: Date of First Production this formation: 07/02/1986
Perforations Top: 5364 Bottom: 5372 No. Holes: 16 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: Uneconomical
Date formation Abandoned: 10/03/2016 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: 12/4/2018

Email: sward@cogc.com

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Attachment Check List

Att Doc Num

Name

401859677

FORM 5A SUBMITTED

401859680

WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit

Corrected date formation abandoned to 10/3/16 to reflect wireline job summary and corrected formation status from TA to AB to reflect CIBP w/ 2sx cement.

01/08/2019

Total: 1 comment(s)