

FORM 5A
Rev 02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
2592739

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>MICHELLE WOLZ</u>
2. Name of Operator: <u>CITATION OIL & GAS CORP</u>	Phone: <u>(281) 891-1594</u>
3. Address: <u>PO BOX 690688</u>	Fax: <u>(281) 580-2168</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77269</u>	

5. API Number <u>05-017-06545-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>MPU</u>	Well Number: <u>24-30</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>30</u> Township: <u>13S</u> Range: <u>47W</u> Meridian: <u>6</u>	
9. Field Name: <u>MOUNT PEARL</u> Field Code: <u>56770</u>	

Completed Interval

FORMATION: <u>MORROW</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>5367</u> Bottom: <u>5371</u> No. Holes: <u>4</u> Hole size: _____	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
<u>RE-PERFORATED. WELL PRODUCING FROM THE MORROW</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/11/2011</u> Hours: <u>24</u> Bbls oil: <u>18</u> Mcf Gas: <u>135</u> Bbls H2O: <u>6</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>18</u> Mcf Gas: <u>135</u> Bbls H2O: <u>6</u> GOR: _____	
Test Method: <u>PUMPED</u> Casing PSI: <u>40</u> Tubing PSI: <u>40</u> Choke Size: _____	
Gas Disposition: <u>RE-INJECTED</u> Gas Type: <u>DRY</u> BTU Gas: <u>0</u> API Gravity Oil: <u>39</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>5412</u> Tbg setting date: <u>01/09/2011</u> Packer Depth: <u>5282</u>	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment: _____

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

Signed: _____ Print Name: MICHELLE WOLZ

Title: PERMITTING ANALYST Date: 1/17/2011 Email: MWOLZ@COGC.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2592739	FORM 5A SUBMITTED
2592740	WELLBORE DIAGRAM
2592741	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)