

FORM 5 Rev 12/05



ado Commission



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COGCC

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

API = DICKINSON W E #4

LOCATION = DICKINSON 2

Complete the Attachment Checklist
NO LOGS
WELL NAME/NUMBER = DICKINSON 2

1. OGCC Operator Number: 17180
 2. Name of Operator: Citation Oil and Gas Corp.
 Address: P.O. Box 690688
 City: Houston State: TX Zip: 77269-0688
 3. Well Name: Dickinson
 4. Contact Name: Kimberly Moorhead
 Phone: 281-891-1555
 Fax: (281) 580-2168
 5. ADI Number: 05-075-06630
 6. County: Logan
 Well Number: 2
 8. Location (Qtr, Sec, Twp, Rng, Meridian): SE SW, Sec 6, T9N R52W
 Footage at surface: 660 S 1980 W
 As Drilled Latitude: _____ As Drilled Longitude: _____
 Date of Measurement: _____ POOP Reading: _____ GPS Instrument Operator's Name: _____
 ** If directional, footage at Top of Prod. Zone: _____ Sec, Twp, Rng _____
 ** If directional, footage at Bottom Hole: _____ Sec, Twp, Rng _____
 9. Field Name: Padroni West
 10. Field Number: 67000
 11. Federal, Indian or State Lease Number: Fee
 12. Spud Date: (when the 1st bit hit the dirt) 11/3/60
 13. Date TD: 11/20/60
 14. Date Casing Set or D&A: _____
 15. Well Classification
 Dry Oil Gas
 Coaled Disposal
 Stratigraphic
 Enhanced Recovery
 Gas Storage
 Observation
 Other: _____
 16. Total Depth MD 7500 TVD** _____
 17. Plug Back Total Depth MD 5046 TVD** _____
 18. Elevations GR _____ KB _____
 19. List Electric Logs Run: _____

TD = ARCO SINDT 6-15

yellow dig
Core Analysis
Cmt summary*
2587978
2587979
2587980

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CASING, LINER and CEMENT

*If Cement Bond Log was not run, submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Top	Csg/Tool Setting Depth	Number of sacks cmt	Cement Top	Cement Bottom	CBL*	Calculated*
Conductor									
Surface	12-1/4	8-5/8	Surface		160	Surface	164		
Production	7-7/8	5-1/2	4596		150	4596	5076		
			Stage, Squeeze, Remedial Cement Job						
			Stage, Squeeze, Remedial Cement Job						
			Stage, Squeeze, Remedial Cement Job						
Liner		4-1/2	Surface		130	Surface	4720		
Liner									

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FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		All DST and Core Analyses must be submitted to COGCC
	Top	Bottom	DST	Cored	
					COMMENTS

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
 Print Name: Kimberly Moorhead E-mail: kmoorhead@coGCC.com
 Signature: *Kimberly Moorhead* Title: Completion Analyst Date: 08/11/2011