

FORM
5
Rev 12/05ado
Commission

02587977

Phone: (303)894-2109 Fax: (303)894-2109

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.

RECEIVED

AUG 08 2011

COGCC

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. ADI Number: 05-075-06630
4. Contact Name: Kimberly Moorhead
Phone: 281-891-1555
Fax: (281) 580-2168
5. County: Logan
6. Well Number: 2
7. 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.
GPS Data: Date of Measurement: POOP Reading: GPS Instrument Operator's Name:
15. Well Classification
☐ Dry ☐ Oil ☐ Gas
☐ Coalbed ☐ 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

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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 |
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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@ogcc.com

Signature: *Kimberly Moorhead*

Title:

Completion Analyst

Date: 08/1/2011