

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:

2330813

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 4. Contact Name: KIMBERLEY MOORHEAD
2. Name of Operator: CITATION OIL & GAS CORP Phone: (281) 891-1555
3. Address: PO BOX 690688 Fax: (281) 580-2168
City: HOUSTON State: TX Zip: 77269

5. API Number 05-061-06589-00 6. County: KIOWA
7. Well Name: PIERSON Well Number: 1-1
8. Location: QtrQtr: NESW Section: 1 Township: 18S Range: 42W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: MORROW Status: TEMPORARILY ABANDONED

Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 5152 Bottom: 5159 No. Holes: 116 Hole size: 1

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

SET CIBP @ 5100 5100 W/2 SXS CEMENT

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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:

NOT GIVEN

Date formation Abandoned: 08/05/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 5100 Sacks cement on top: 2

Comment:

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

Signed: _____ Print Name: KIMBERLEY MOORHEAD

Title: COMPLETION ANALYST Date: 1/18/2011 Email: KMOORHEAD@COGC.COM

Attachment Check List

Att Doc Num	Name
2330813	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Hole size and number provided by K. Moorhead 1/24/2012.	1/24/2012 2:17:51 PM

Total: 1 comment(s)