

Document Number:
401087739

Date Received:

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.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 17180 Contact Name: Sarah McKinney
 Name of Operator: CITATION OIL & GAS CORP Phone: (281) 8911570
 Address: 14077 CUTTEN RD Fax: _____
 City: HOUSTON State: TX Zip: 77269

API Number 05-075-09115-00 County: LOGAN
 Well Name: ARCO-SINDT Well Number: 6-15
 Location: QtrQtr: SWSE Section: 6 Township: 9N Range: 52W Meridian: 6
 Footage at surface: Distance: 330 feet Direction: FSL Distance: 1950 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

Field Name: PADRONI WEST Field Number: 67000
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/22/1986 Date TD: 02/08/1986 Date Casing Set or D&A: _____
 Rig Release Date: 03/13/1986 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 7500 TVD** _____ Plug Back Total Depth MD 4766 TVD** _____

Elevations GR 4030 KB 4040 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	9+5/8	36	0	343	220		343	VISU
1ST	7+7/8	5+1/2	15.5	0	4,921	225	4,140	4,921	CALC
1ST LINER	5+1/2	4+1/2	11.6	0	4,592	200		4,766	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
BENTONITE	4,525	4,605	NO	NO	
D SAND	4,605	4,742	NO	NO	
J SAND	4,742	5,010	NO	NO	
O SAND	5,010	5,290	NO	NO	
MORRISON	5,290	5,550	NO	NO	

Comment:

On 9/21/2006 started casing repair work. Installed 4 1/2" liner from surface to 4592' w/ 200 sx cement to surface. Could not drill out past 4766', new PBTD. Set Packer @ 4590', performed MIT and passed with field inspector on site.

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

Signed: _____ Print Name: Sarah McKinney

Title: Regulatory Analyst III Date: _____ Email: smckinney@cogc.com

Attachment Check List

Att Doc Num	Document Name	attached ?
Attachment Checklist		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)