<table>
<tr><td>FORM
5
Rev
09/14</td><td colspan="2">State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109
DRILLING COMPLETION REPORT</td><td>DE | ET | OE | ES
Document Number:
401670451
Date Received:</td></tr>
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State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

FORM 5 Rev 09/14

DE	ET	OE	ES

Document Number: 401670451

Date Received:

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

Name of Operator: CITATION OIL & GAS CORP

Address: 14077 CUTTEN RD

City: HOUSTON   State: TX   Zip: 77269

Contact Name: Leatha Greenwood

Phone: (281) 891-1559

Fax: (281) 891-1559

API Number: 05-075-06630-00   County: LOGAN

Well Name: DICKINSON W E   Well Number: 4

Location: QtrQtr: NWSW   Section: 6   Township: 9N   Range: 52W   Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL   Distance: 660 feet Direction: FWL

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.: 1980 feet. Direction: FSL   Dist.: 660 feet. Direction: FWL

Sec: 6   Twp: 9N   Rng: 52W

** If directional footage at Bottom Hole   Dist.: 1980 feet. Direction: FSL   Dist.: 660 feet. Direction: FWL

Sec: 6   Twp: 9N   Rng: 52W

Field Name: PADRONI WEST   Field Number: 67000

Federal, Indian or State Lease Number: Fee

Spud Date: (when the 1st bit hit the dirt) 07/01/1963   Date TD: 07/06/1963   Date Casing Set or D&A: _____

Rig Release Date: 07/06/1963   Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☒ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth   MD 5124   TVD** 5124   Plug Back Total Depth   MD 5084   TVD** 5084

Elevations   GR 4065   KB 4065   **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	8		0	324	300		324	VISU
1ST	7	5	14#	0	5,121	150	4,495	5,121	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST LINER	4,650	430		4,650

Details of work:

Arrow Set packer @4650' with unloader on top. Install 6 centralizers above the Arrow Set packer at every othr joint from 4650' to 4450'. Install "X" and "XN" mipples in string just below packer at 4652'. Workover was done due to failed MIT in 1995. Replaced tubing.

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	

Comment:

Form 5 is being submitted to update the well file for work completed in 1996. The previous operator never filed a completion report. The liner/tubing was cemented in 1996 but there is no cementing report in our files. The work was completed sometime between 4-11-1996 and 6-25-1996. Our files indicate a satisfactory field inspection was conducted on 6-25-1996.

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

Signed: _____   Print Name: Leatha Greenwood

Title: Sr. Reg. Analyst   Date: _____   Email: lgreenwood@cogc.com

Attachment Check List

Att Doc Num	Document Name	attached ?

Attachment Checklist

	CMT Summary *	Yes ☐ No ☒
	Core Analysis	Yes ☐ No ☒
	Directional Survey **	Yes ☐ No ☒
	DST Analysis	Yes ☐ No ☒
	Logs	Yes ☐ No ☒
	Other	Yes ☐ No ☒

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)