

FORM
5

Rev
10/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401670451

Date Received:

06/12/2018

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 17180 Contact Name: Leatha Greenwood
Name of Operator: CITATION OIL & GAS CORP Phone: (281) 891-1559
Address: 14077 CUTTEN RD Fax: (281) 891-1559
City: HOUSTON State: TX Zip: 77269 Email: lgreenwood@cogc.com

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
FNL/FSL FEL/FWL
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: _____
FNL/FSL FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1980 feet Direction: FSL Dist: 660 feet Direction: FWL
Sec: 6 Twp: 9N Rng: 52W
FNL/FSL FEL/FWL

** If directional footage at Bottom Hole Dist: 1980 feet Direction: FSL Dist: 660 feet Direction: FWL
Sec: 6 Twp: 9N Rng: 52W
FNL/FSL FEL/FWL

Field Name: PADRONI WEST Field Number: 67000

Federal, Indian or State Lease Number: _____ Fee _____

Spud Date: (when the 1st bit hit the dirt) 06/27/1963 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:

Empty box for listing electric logs run.

Large empty box for additional information or notes.

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+1/2	8+5/8	20	0	324	300	0	324	VISU
1ST	7+7/8	5+1/2	14	0	5,121	150	4,495	5,121	CALC
2ND	5+1/8	2+7/8	6.5	0	4,623	305	1,264	4,623	CALC

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:

Arrow Set packer @4650' with unloader on top. Install 6 centralizers above the Arrow Set packer at every other joint from 4650' to 4450'. Install "X" and "XN" nipples 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	

Operator Comments:

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: 6/12/2018 Email: lgreenwood@cogc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	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"/>
<u>Other Attachments</u>			
401670451	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Casing: There is duplicated conflicting information on submitted Form regarding the 2.875" tubing cemented in the hole. STAGE/TOP OUT/REMEDIAL CEMENT info appears to be from 1996 Sundry-intent to repair well #238171. Deleted. CASING, LINER AND CEMENT info appears to be from 2006 Wellbore diagram #1749865. Appears to be correct.	10/22/2019
Engineering Tech	Corrected spud date per original well completion report (doc #238214)	05/07/2019
Permit	Pass	12/19/2018

Total: 3 comment(s)

