

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns: DE, ET, OE, ES

Document Number: 402336042

Date Received:

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
2. Name of Operator: CITATION OIL & GAS CORP
3. Address: 14077 CUTTEN RD
City: HOUSTON State: TX Zip: 77269
4. Contact Name: Kelly Vasquez
Phone: (281) 891-1555
Fax:
Email: kvasquez@cogc.com

5. API Number 05-017-06457-00
6. County: CHEYENNE
7. Well Name: RHOADES 13-35
Well Number: 1
8. Location: QtrQtr: NWSW Section: 35 Township: 13S Range: 49W Meridian: 6
9. Field Name: SORRENTO Field Code: 77725

Completed Interval

FORMATION: MORROW Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5554 Bottom: 5564 No. Holes: 16 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: well is non economical at this time .
Date formation Abandoned: 11/13/2019 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 5507 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Kelly Vasquez
Title: Regulatory Analyst III Date: _____ Email: kvasquez@cogc.com
:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|----------------------|
| 402336058 | WIRELINE JOB SUMMARY |
| 402336291 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)