

Document Number:
402070737

Date Received:
03/30/2020

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

5. API Number 05-017-07027-00 6. County: CHEYENNE
 7. Well Name: BILL 32-26 Well Number: 5
 8. Location: QtrQtr: SWNE Section: 26 Township: 13S Range: 42W Meridian: 6
 9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 09/25/1989
 Perforations Top: 5203 Bottom: 5205 No. Holes: 4 Hole size: 0.53
 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: Up hole potential is likely in this well based on production from offset producers. Will make a decision on or before 6/1/2020
 Date formation Abandoned: 10/03/2017 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 5153 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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: 3/30/2020 Email: kvasquez@cogc.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402070737	FORM 5A SUBMITTED
402070747	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Confirm the following: 1) Date of first production 2) Perf hole size 3) Confirm date formation was abandoned (date on 5A does not reflect date on wireline job ticket). Returned to draft.	03/27/2020

Total: 1 comment(s)