

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

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

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 05-017-07027-00

7. Well Name: BILL 32-26

6. County: CHEYENNE

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

Att Doc Num **Name**

402070737	FORM 5A SUBMITTED
402070747	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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
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Total: 1 comment(s)