

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



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Document Number:
402070690

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: <u>17180</u>	4. Contact Name: <u>Kelly Vasquez</u>
2. Name of Operator: <u>CITATION OIL & GAS CORP</u>	Phone: <u>(281) 891-1555</u>
3. Address: <u>14077 CUTTEN RD</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77269</u>	Email: <u>kvasquez@cogc.com</u>

5. API Number <u>05-017-06766-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>FRONTERA 24-13</u>	Well Number: <u>18</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>13</u> Township: <u>15S</u> Range: <u>42W</u> Meridian: <u>6</u>	
9. Field Name: <u>FRONTERA</u> Field Code: <u>27870</u>	

Completed Interval

FORMATION: MORROW B Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/05/1988
Perforations Top: 5193 Bottom: 5201 No. Holes: 32 Hole size: 0.51
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:

Currently evaluating adding Nitrogen injection to the Frontera Unit, maintenance TA status to test gas injectivity for future enhanced oil recovery project. Decision to convert will be made on or before 6/1/2020.

Date formation Abandoned: 10/18/2017 Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: 5138 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

corrected requested information

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
402070690	FORM 5A SUBMITTED
402070731	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Check perf interval depths. --per operator "perfs are 5193-5201." Make necessary corrections.	03/30/2020
Permit	Confirm the following: 1) Formation name (MRRW B on scout card--the 5A should probably maintain this exact name) 2) Date of first production 3) Perf hole size 4) Date of formation abandonment does not match date on CIBP ticket. Returned to draft.	03/27/2020

Total: 2 comment(s)