

FORM  
5

Rev  
12/20

# 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:

402796030

Date Received:

## 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: <u>17180</u>	Contact Name: <u>Jessica Zarco</u>
Name of Operator: <u>CITATION OIL &amp; GAS CORP</u>	Phone: <u>(281) 8911565</u>
Address: <u>14077 CUTTEN RD</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77069</u>	Email: <u>JZarco@cogc.com</u>

API Number <u>05-017-07208-00</u>	County: <u>CHEYENNE</u>
Well Name: <u>BLEDSOE 13-31</u>	Well Number: <u>9</u>
Location: QtrQtr: <u>NWSW</u> Section: <u>31</u> Township: <u>12S</u> Range: <u>50W</u> Meridian: <u>6</u>	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
Footage at surface: Distance: <u>2134</u> feet Direction: <u>FSL</u> Distance: <u>528</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: _____ As Drilled Longitude: _____	
GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: _____ Date of Measurement: _____	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Top of Prod. Zone Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
	FNL/FSL <span style="float: right;">FEL/FWL</span>
** If directional footage at Bottom Hole Dist: _____ feet Direction: _____ Dist: _____ feet Direction: _____	
Sec: _____ Twp: _____ Rng: _____	
Field Name: <u>BLEDSOE RANCH</u> Field Number: <u>6903</u>	
Federal, Indian or State Lease Number: _____	

Spud Date: (when the 1st bit hit the dirt) 03/11/1991 Date TD: \_\_\_\_\_ Date Casing Set or D&A: \_\_\_\_\_  
Rig Release Date: 05/12/2016 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>6601</u> TVD** _____ Plug Back Total Depth MD _____ TVD** _____
Elevations GR <u>4760</u> KB <u>4770</u> <b>Digital Copies of ALL Logs must be Attached</b> <input type="checkbox"/>

List All Logs Run:

**FLUID VOLUMES USED IN DRILLING OPERATIONS**  
(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): \_\_\_\_\_ Fresh Water (bbls): \_\_\_\_\_  
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): \_\_\_\_\_

### CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
SURF	12+1/4	8+5/8	J-55	24	0	359	225	359	0	
1ST	7+7/8	5+1/2	K-55	15.5	0	6512	250	6512	3900	
S.C. 1.1						2566	105	2566		

Bradenhead Pressure Action Threshold 108 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/26/2016

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,512	400	3,609	3,641
SQUEEZE	1ST	2,794	200	2,900	2,901

Details of work:

4/26/2016- Csg leak 3609-3641, 100 sx cmt sqz w/ pkr @ 3512  
5/02/2016- Csg leak 3609-3641, 300 sx cmt sqz w/ pkr @ 3512  
5/03/2016- perf 2900-2901, 200 sx cmt sqz w/ pkr @ 2794

### 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	
FORT HAYS	1,943				
CODELL	2,036				
BLAINE	3,469				
STONE CORRAL	3,789				
NEVA	4,074				
SHAWNEE	4,838				
HEEBNER	4,995				
LANSING	5,043				
MARMATON	5,416				
PAWNEE	5,469				
CHEROKEE	5,553				
ATOKA	5,770				
MORROW	5,999				
MORROW V-7	6,124				
MORROW V-11	6,187				
SPERGEN	6,272				
ARBUCKLE	6,512				

Operator Comments:

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

Signed: \_\_\_\_\_ Print Name: Jessica Zarco

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: JZarco@cogc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402798612	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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>			
402798618	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)