

**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: 17180

Contact Name: Jessica Zarco

Name of Operator: CITATION OIL &amp; GAS CORP

Phone: (281) 8911565

Address: 14077 CUTTEN RD

Fax:

City: HOUSTON

State: TX

Zip: 77069

Email: JZarco@cogc.com

API Number 05-017-07208-00

County: CHEYENNE

Well Name: BLEDSOE 13-31

Well Number: 9

Location: QtrQtr: NWSW

Section: 31

Township: 12S

Range: 50W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2134 feet

Direction: FSL

Distance: 528 feet

Direction: FWL

As Drilled Latitude:

As Drilled Longitude:

GPS Data:

GPS Quality Value:

Type of GPS Quality Value:

Date of Measurement:

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

Field Name: BLEDSOE RANCH

Field Number: 6903

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&amp;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 6601

TVD\*\*

Plug Back Total Depth MD

TVD\*\*

Elevations GR 4760

KB 4770

Digital Copies of ALL Logs must be Attached



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)