

**FORM**  
**5A**  
Rev  
09/20

**State of Colorado**  
**Oil and Gas Conservation Commission**

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



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Document Number:  
402686346

Date Received:  
06/30/2022

**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: 77069  
4. Contact Name: Jessica Zarco  
Phone: (281) 8911565  
Fax: \_\_\_\_\_  
Email: JZarco@cogc.com

5. API Number 05-017-06776-00  
6. County: CHEYENNE  
7. Well Name: ARAPAHOE UNIT  
Well Number: 102(14-6)  
8. Location: QtrQtr: SWSW Section: 6 Township: 15S Range: 41W Meridian: 6  
9. Field Name: ARAPAHOE-EAST Field Code: 2876

## Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 04/28/2021 End Date: 04/29/2021 Date this Formation was Completed: 02/21/1988  
Perforations Top: 5180 Bottom: 5204 No. Holes: 36 Hole size: 17/50 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Road to location. TP-100 psig. IFL: 4800'. Swab 4 hrs making steady runs, rec 150'/run, rec 9 BTF w/oil show. SD 1 hr rebuild rope socket. Swab 5 hrs, 150'/run, rec 11 BTF w/show. FFL-5050'. Last hr rec 2 BTF w/10% oil cut. RU Pro-Stim, treat w/750 gal MOD 202 W/37 gal MS, 14 gal RAS-97, 3 gal KLA-22-SI and flush w/25 bbl 4% KCL w/KLA-22-SI as follows: Pump 18 bbl acid, 3 bbl flush, did not catch pressure. Flush w/remaining 22 bbls KCl avg-3,3 BPM/0 psig. Last bbl, SD pump, taking fluid @ 1.56 BPM/vac. ISIP-Vac. RD Pro-Stim. Secure well, SDFD. Let treatment soak overnight.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 43 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): 18 Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): 25 Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)**

### Test Information:

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ 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: \_\_\_\_\_  
Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

Well has been returned to production.

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: 6/30/2022 Email: JZarco@cogc.com

## Attachment List

Att Doc Num	Name
402686346	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Missing date of first prod., perf hole size, and required fluid/flowback volume information. According to job summary, reported fluid volumes do not appear to be correct. Returned to draft.	05/18/2021

Total: 1 comment(s)