

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

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



Document Number:

403692852

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) 891-1565

Address: 14077 CUTTEN RD

Fax:

City: HOUSTON

State: TX

Zip: 77069

Email: JZarco@cogc.com

API Number 05-017-06507-00

County: CHEYENNE

Well Name: MPU

Well Number: 22-35

Location: QtrQtr: SENW Section: 35 Township: 13S Range: 48W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1983 feet Direction: FNL Distance: 1978 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

\*\* 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: FNL/FSL FEL/FWL

Field Name: MOUNT PEARL

Field Number: 56770

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/17/1985 Date TD: 02/03/1985 Date Casing Set or D&amp;A:

Rig Release Date: 02/16/2024 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 5650 TVD\*\* Plug Back Total Depth MD 5572 TVD\*\*

Elevations GR 4331 KB 4339

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**

| Casing Type | Size of Hole | Size of Casing | Grade | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top | Status |
|-------------|--------------|----------------|-------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF        | 13+1/2       | 9+5/8          | 36#   | NA    | 0             | 341           | 270       | 341     | 0       |        |
| 1ST         | 7+7/8        | 5+1/2          | 15.5# | NA    | 0             | 5632          | 300       | 5632    | 0       |        |

Bradenhead Pressure Action Threshold 102 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: 01/31/2024

| Method used | String   | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| SQUEEZE     | S.C. 1.1 |                                   | 75            | 3,066      | 3,100         |
| SQUEEZE     | S.C. 1.1 | 2,220                             | 60            | 1,920      | 2,221         |
| SQUEEZE     | S.C. 1.1 | 1,730                             | 25            | 1,530      | 1,750         |

Details of work:

Casing Leak (3066-3100) squeezed w/ 75sx of class A cmt.  
Perf Cheyenne (2220-21) sqz'd w/ 60sx of 60/40 pos w/ 4% gel  
Perf Dakota (1730-31) sqz'd w/ 25sx class A cmt & spot cmt from 1750 to 1530'

**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 |   |
|                |                |        |                  |       |   |

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

**Attachment Check List**

| Att Doc Num                        | Document Name         | attached ?                              |  |
|------------------------------------|-----------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                       |   |  |
| 403694766                          | 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 checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Other                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <b><u>Other Attachments</u></b>    |                       |   |  |
| 403692854                          | PDF-CEMENT BOND       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 403694767                          | WIRELINE JOB SUMMARY  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       | Stamp Upon Approval        |

Total: 0 comment(s)