

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number:

404265485

Date Received:

07/08/2025

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC 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) 891-1565

Fax:

Email: JZarco@cogc.com

5. API Number 05-017-06771-00

7. Well Name: KNUDSEN 21-21

8. Location: QtrQtr: NENW Section: 21 Township: 14S Range: 42W Meridian: 6

9. Field Name: ARAPAHOE Field Code: 2875

6. County: CHEYENNE

Well Number: 6

10. If Directional, footage at Top of Prod. Zone: Feet Feet
Sec: Twp: Rng:

Completed Interval

FORMATION: MORROW Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 02/28/1988
Perforations Top: 5132 Bottom: 5190 No. Holes: 45 Hole size: _____ 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.

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 or Reused Fluids used in treatment (bbl): _____ 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

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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: Uneconomic
Date formation Abandoned: 01/14/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____
** Bridge Plug Depth: 5100 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: MORROW V-5 Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: _____
Perforations Top: 5181 Bottom: 5190 No. Holes: _____ Hole size: _____ 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.

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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Test Information:

_____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Date: _____ 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: _____
 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:

In 1988, original Morrow (5181'-5190') perms were opened, then TA'd in 2008 w/ CIBP @ 5177' w/ 2sx of cmt on top. In 2008, additional Morrow (5132-5170) perms were opened, then TA'd in 2013 w/ a CIBP @ 5100' w/ 2sx of cmt on top.

Submitting to resolve Form 7 issues and correct Form 5A (Doc #403000559).

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: 7/8/2025 Email: JZarco@cogc.com

ATTACHMENT LIST

Att Doc Num **Name**

404265485	FORM 5A SUBMITTED
-----------	-------------------

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)