

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400171871

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 61250

4. Contact Name: MARK SHREVE

2. Name of Operator: MULL DRILLING COMPANY INC

Phone: (316) 264-6366

3. Address: 1700 N WATERFRONT PKWY B#1200

Fax: (316) 264-6440

City: WICHITA State: KS Zip: 67206-

5. API Number 05-061-06852-00

6. County: KIOWA

7. Well Name: JETTIE

Well Number: 1-34

8. Location: QtrQtr: NENW Section: 34 Township: 18S Range: 45W Meridian: 6

Footage at surface: Distance: 658 feet Direction: FNL Distance: 1621 feet Direction: FWL

As Drilled Latitude: 38.453160 As Drilled Longitude: -102.449500

GPS Data:

Data of Measurement: 06/03/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: KEITH WESTFALL

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: CAVALRY

10. Field Number: 10340

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/03/2011 13. Date TD: 05/15/2011 14. Date Casing Set or D&A: 05/16/2011

15. Well Classification:

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

16. Total Depth MD 4907 TVD 17 Plug Back Total Depth MD 4870 TVD

18. Elevations GR 3907 KB 3918

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

BHC SONIC CALIPER LOG GAMMA RAY
HIGH RESOLUTION INDUCTION
COMPENSATED DENSITY COMPENSATED NEUTRON MICROLOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	347	265	0	347	CALC
1ST	7+7/8	5+1/2	14	0	4,898	230	3,170	4,898	CBL

ADDITIONAL CEMENT

Cement work date: 05/19/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,290	430	0	2,290

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHAWNEE	3,400		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,602		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,626		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,012		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,094		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,150		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,284		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,566		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,594		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WARSAW	4,794		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	4,858		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____

Print Name: MARK SHREVE

Title: PRESIDENT/COO

Date: _____

Email: MSHREVE@MULLDRILLING.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400175114	DST ANALYSIS
400175116	DST ANALYSIS
400175117	DST ANALYSIS
400175119	DST ANALYSIS
400175172	PDF-DUAL INDUCTION
400175176	PDF-DENSITY/NEUTRON
400175177	PDF-SONIC
400175293	CEMENT JOB SUMMARY

Total Attach: 8 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)