

FORM
5A

Rev
02/08

State 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:

400171913

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: 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
9. Field Name: CAVALRY Field Code: 10340

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING
Treatment Date: 05/31/2011 Date of First Production this formation: 06/08/2011
Perforations Top: 4844 Bottom: 4850 No. Holes: 24 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
100 gal 7 1/2% MCA.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 06/13/2011 Hours: 24 Bbls oil: 23 Mcf Gas: 0 Bbls H2O: 17
Calculated 24 hour rate: Bbls oil: 23 Mcf Gas: 0 Bbls H2O: 17 GOR: 0
Test Method: Pumping Casing PSI: 0 Tubing PSI: 30 Choke Size:
Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 36
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4856 Tbg setting date: 06/01/2011 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:

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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400176526	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)