


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2592158</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>61250</u>		4. Contact Name: <u>MARK SHREVE</u>					
2. Name of Operator: <u>MULL DRILLING COMPANY INC</u>		Phone: <u>(316) 264-6366</u>					
3. Address: <u>1700 N WATERFRONT PKWY B#1200</u>		Fax: <u>(316) 264-6440</u>					
City: <u>WICHITA</u>	State: <u>KS</u>	Zip: <u>67206-66</u>					
5. API Number <u>05-061-06848-00</u>		6. County: <u>KIOWA</u>					
7. Well Name: <u>WF-MICHEL</u>		Well Number: <u>1-30</u>					
8. Location: QtrQtr: <u>SWSE</u>	Section: <u>30</u>	Township: <u>18S</u>	Range: <u>45W</u> Meridian: <u>6</u>				
9. Field Name: <u>BRANDON</u>		Field Code: <u>7500</u>					
<u>Completed Interval</u>							
FORMATION: <u>MISSISSIPPIAN</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>11/24/2010</u>		Date of First Production this formation: <u>12/09/2010</u>					
Perforations Top: <u>4687</u>	Bottom: <u>4755</u>	No. Holes: <u>104</u>	Hole size: <u>52/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
500 GALS 15% MCA, 1000 GALS 15% MCA AND 500 GALS 15 % MCA							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>12/15/2010</u>	Hours: <u>24</u>	Bbls oil: <u>50</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>50</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u> </u>				
Test Method: <u>PUMPING</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>30</u>	Choke Size: <u> </u>				
Gas Disposition: <u>VENTED</u>	Gas Type: <u> </u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>39</u>				
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>4826</u>	Tbg setting date: <u>12/03/2010</u>	Packer Depth: <u> </u>				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>					
Bridge Plug Depth: <u> </u>		Sacks cement on top: <u> </u>					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>WARSAW</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>4872</u>	Bottom: <u>4881</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls 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: _____			
<div style="border: 1px solid black; padding: 2px;">NEVER TESTED. LOST CONES FROM BIT IN OPEN HOLE.</div>			
Date formation Abandoned: <u>11/22/2010</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>4850</u>		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: 12/17/2010 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Name
2592158	FORM 5A SUBMITTED
2592159	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)