

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 1635140

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
2. Name of Operator: MULL DRILLING COMPANY INC
3. Address: 1700 N WATERFRONT PKWY B#1200
City: WICHITA State: KS Zip: 67206-
4. Contact Name: NANCY TIMM
Phone: (316) 264-6366
Fax: (316) 264-6366

5. API Number 05-017-06134-00
6. County: CHEYENNE
7. Well Name: KERN
Well Number: 1
8. Location: QtrQtr: SWNE Section: 28 Township: 13S Range: 44W Meridian: 6
9. Field Name: SMOKY CREEK Field Code: 77560

Completed Interval

FORMATION: SPERGEN Status: PRODUCING

Treatment Date: 03/18/2011 Date of First Production this formation:

Perforations Top: 5362 Bottom: 4370 No. Holes: 32 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

SET PACKER @ 5306', SQUEEZE PERF'S W/250 SXS COMMON CMT. PRESSURE-SQUEEZED TO 1500#. PERF'D 5362-66' (4 SPF), ACIDIZED W/250 GAL 15% HCL = 1000 GAL 20% HCL. PERF'D 5362-5370' (4 SPF), ACIDIZED W/500 GAL 15% NEFE. RU PEAK WIRELINE, TAGGED RECHECK @ 5313'. DRILLED OUT 65' RECHECK & 2' CEMENT. TAGGED PBD @ 5380' PERF'D 5362-5366' (4 SPF). 2 7/8" TUBING SET 4435'

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 03/18/2011 Hours: 24 Bbls oil: 1 Mcf Gas: 0 Bbls H2O: 330

Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 0 Bbls H2O: 330 GOR:

Test Method: PUMPING Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 38

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:

Comment:

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

Signed: Print Name: NANCY I TIMM

Title: SR ENG & PROD TACNICIAN Date: 3/31/2011 NONE@GIVEN.COM

Email
:

Attachment Check List

Att Doc Num	Name
1635140	FORM 5A SUBMITTED
1635141	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)