

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:

400204849

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-</u>	

5. API Number <u>05-061-06853-00</u>	6. County: <u>KIOWA</u>
7. Well Name: <u>APC-TENNELL</u>	Well Number: <u>1-33</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>33</u> Township: <u>17S</u> Range: <u>45W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: FORT SCOTT			Status: PRODUCING		
Treatment Date: 08/25/2011		Date of First Production this formation: 09/01/2011			
Perforations	Top: 4313	Bottom: 4321	No. Holes: 32	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: 09/07/2011	Hours: 24	Bbls oil: 65	Mcf Gas: 100	Bbls H2O: 6	
Calculated 24 hour rate:		Bbls oil: 65	Mcf Gas: 100	Bbls H2O: 6	GOR: 1538
Test Method: Pumping	Casing PSI: 150	Tubing PSI: 190	Choke Size:		
Gas Disposition: VENTED	Gas Type: WET	BTU Gas: 0	API Gravity Oil: 34		
Tubing Size: 2 + 7/8	Tubing Setting Depth: 4422	Tbg setting date: 08/25/2011	Packer Depth:		
Reason for Non-Production:					
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt		
Bridge Plug Depth:		Sacks cement on top:			

FORMATION: MISSISSIPPIAN		Status: PLUGGED AND ABANDONED		
Treatment Date: 08/18/2011		Date of First Production this formation:		
Perforations	Top: 4878	Bottom: 5068	No. Holes: 288	Hole size:
Provide a brief summary of the formation treatment:		Open Hole:		
8/18/11: PERF'D 5054' - 5068'. PUMPED 300 GAL 15% MCA. 8/19/11: PUMPED 300 GAL 15% MCA. 8/22/11: PERF'D 5022' - 5038'. CIBP SET @ 5046'. PUMPED 500 GAL 15% MCA. 8/23/11: PUT 2 SKS CEMENT ON CIBP @ 5046'. SET CIBP @ 5000'. PERF'D 4960' - 4966' AND 4878' - 4914'. ACIDIZED W/1000 GAL 15% MCA. 8/24/11: ACIDIZED W/2000 GAL 20% MCA. 8/25/11: PUT 2 SKS CEMENT ON CIBP @ 5000'. SET CIBP @ 4500' W/2 SKS CEMENT.				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:				
Date: 08/25/2011	Hours: 1	Bbls oil: 0	Mcf Gas: 0	Bbls H2O: 7
Calculated 24 hour rate:	Bbls oil: 0	Mcf Gas: 0	Bbls H2O: 164	GOR:
Test Method: Swab	Casing PSI:	Tubing PSI:	Choke Size:	
Gas Disposition:	Gas Type:	BTU Gas: 0	API Gravity Oil: 0	
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:	
Reason for Non-Production:				
Wet				
Date formation Abandoned: 08/25/2011	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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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
400205001	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)