

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:

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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 05-061-06864-00 6. County: KIOWA  
7. Well Name: APC-TALLMAN Well Number: 3-3  
8. Location: QtrQtr: NESE Section: 3 Township: 18S Range: 45W Meridian: 6  
9. Field Name: TROOPER NORTH Field Code: 83976

Completed Interval

FORMATION: <u>MISSISSIPPIAN</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/14/2011</u>	Date of First Production this formation: <u>10/26/2011</u>
Perforations Top: <u>4886</u> Bottom: <u>4892</u>	No. Holes: <u>24</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<u>250 GAL 15% MCA</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/07/2011</u> Hours: <u>24</u>	Bbls oil: <u>7</u> Mcf Gas: <u>0</u> Bbls H2O: <u>42</u>
Calculated 24 hour rate:	Bbls oil: <u>7</u> Mcf Gas: <u>0</u> Bbls H2O: <u>42</u> GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>0</u> Tubing PSI: <u>40</u> Choke Size: <u></u>
Gas Disposition: <u></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>4909</u>	Tbg setting date: <u>10/18/2011</u> Packer Depth: <u></u>
Reason for Non-Production: <u></u>	
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>	

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
400221682	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)