

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:

400217594

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	
Test Information:	
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: 11/8/2011 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Name
400217594	FORM 5A SUBMITTED
400221682	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)