

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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COMPLETED INTERVAL REPORT

Document Number: 400217594

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: MARK SHREVE
Phone: (316) 264-6366
Fax: (316) 264-6440

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: MISSISSIPPIAN Status: PRODUCING
Treatment Date: 10/14/2011 Date of First Production this formation: 10/26/2011
Perforations Top: 4886 Bottom: 4892 No. Holes: 24 Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
250 GAL 15% MCA
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 11/07/2011 Hours: 24 Bbls oil: 7 Mcf Gas: 0 Bbls H2O: 42
Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 0 Bbls H2O: 42 GOR: 0
Test Method: Pumping Casing PSI: 0 Tubing PSI: 40 Choke Size:
Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 39
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4909 Tbg setting date: 10/18/2011 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: 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)