

FORM 5 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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DRILLING COMPLETION REPORT

Document Number: 400215071

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed.

Completion Type [X] Final completion [ ] Preliminary 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
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL
As Drilled Latitude: 38.518400 As Drilled Longitude: -102.439320

GPS Data:
Date of Measurement: 10/16/2011 PDOP Reading: 3.1 GPS Instrument Operator's Name: KEITH WESTFALL

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: TROOPER NORTH 10. Field Number: 83976
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/20/2011 13. Date TD: 10/03/2011 14. Date Casing Set or D&A: 10/04/2011

15. Well Classification:
[ ] Dry [X] Oil [ ] Gas/Coalbed [ ] Disposal [ ] Stratigraphic [ ] Enhanced Recovery [ ] Storage [ ] Observation

16. Total Depth MD 4990 TVD\*\* 17 Plug Back Total Depth MD 4931 TVD\*\*

18. Elevations GR 3986 KB 3997
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CDL/CNL/PE
DIL
SONIC
MICRO

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST casing types.

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/10/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,415	300	0	2,415

Details of work:

21. Formation log intervals and test zones:

#### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHAWNEE	3,532		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,732		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,753		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,136		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,216		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,273		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,406		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,534		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,674		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,724		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: 10/27/2011

Email: MSHREVE@MULLDRILLING.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400218852	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400218709	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
400215071	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400218714	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400218718	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400218721	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400218723	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400218726	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	REC LOGS DOC#22042108-11, 2204130, IN SCANNING	11/1/2011 8:36:07 AM
Permit	WAITING ON LOGS	10/27/2011 3:28:43 PM

Total: 2 comment(s)