

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



Table with columns DE, ET, OE, ES

Document Number: 400229677

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 05-017-07707-00
6. County: CHEYENNE
7. Well Name: STATE-SCHEIMER
Well Number: 1-16
8. Location: QtrQtr: SWNE Section: 16 Township: 16S Range: 46W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ATOKA Status: TEMPORARILY ABANDONED

Treatment Date: 11/14/2011 Date of First Production this formation:

Perforations Top: 4824 Bottom: 4829 No. Holes: 20 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

11/14/11: PUMPED 250 GAL 15% MCA
11/15/11: ACIDIZED W/1000 GAL 15% NEFE
11/16/11: ACIDIZED W/3000 GAL 15% NEFE

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: 11/18/2011 Hours: 4 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 0 Bbls H2O: 39 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:

LOW VOLUME, HIGH WATERCUT

Date formation Abandoned: 11/21/2011 Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: MARMATON Status: TEMPORARILY ABANDONED

Treatment Date: 11/20/2011 Date of First Production this formation: _____

Perforations Top: 4490 Bottom: 4560 No. Holes: 68 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

11/21/11: ACIDIZED W/750 GAL 15% MCA
11/22/11: ACIDIZED W/1500 GAL 15% MCA, 1500 GAL 15% NEFE

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/25/2011 Hours: 6 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 9

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 36 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: _____

LOW VOLUME, HIGH WATERCUT

Date formation Abandoned: 11/28/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: MISSISSIPPIAN Status: TEMPORARILY ABANDONED

Treatment Date: 11/01/2011 Date of First Production this formation: _____

Perforations Top: 5200 Bottom: 5246 No. Holes: 64 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

11/1/11: ACIDIZED W/500 GAL 15% MCA
11/3/11: ACIDIZED W/1500 GAL 20% HCL
11/7/11: ACIDIZED W/3000 GAL 20% HCL
11/9/11: ACIDIZED W/500 GAL 15% MCA

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/10/2011 Hours: 9 Bbls oil: 1 Mcf Gas: 0 Bbls H2O: 14

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 0 Bbls H2O: 37 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: _____

LOW VOLUME, HIGH WATERCUT

Date formation Abandoned: 11/11/2011 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: _____ MSHREVE@MULLDRILLING.COM

Email
:

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
400232152	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)