

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 05-017-07707-00 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: ☒ 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**

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

Total: 0 comment(s)