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Document Number:
400248535

Date Received:
02/03/2012

DRILLING COMPLETION REPORT

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. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type 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 05-017-07704-00 6. County: CHEYENNE
 7. Well Name: APC-MAKO Well Number: 1-19
 8. Location: QtrQtr: Lot 1 Section: 19 Township: 14S Range: 44W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL
 As Drilled Latitude: 38.825390 As Drilled Longitude: -102.386270

GPS Data:
 Date of Measurement: 01/19/2012 PDOP Reading: 1.8 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: TIMBER CREEK 10. Field Number: 82000
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/26/2011 13. Date TD: 01/09/2012 14. Date Casing Set or D&A: 01/10/2012

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

16. Total Depth MD 5549 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 4285 KB 4296 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
 MEL
 SONIC

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	17+1/2	13+3/8	54.5	0	495	450	0	495	CALC
OPEN HOLE	13+3/8			495	5,549				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,132		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,314		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,358		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,718		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,784		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,846		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,992		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,122		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,238		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,312		<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: 2/3/2012 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400248536	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"/>
400248537	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"/>
Other Attachments			
400248535	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400248564	LAS-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	This is a dry hole well, and has been P&A'd.	3/14/2012 2:08:10 PM

Total: 1 comment(s)