

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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Date Received:

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 05-061-06869-00

6. County: KIOWA

7. Well Name: TSA UNIT

Well Number: 1-14

8. Location: QtrQtr: SWNW Section: 14 Township: 17S Range: 45W Meridian: 6

9. Field Name: Field Code:

### Completed Interval

FORMATION: MISSISSIPPIANStatus: PRODUCINGTreatment Date: 03/22/2012Date of First Production this formation: 04/23/2012Perforations Top: 5110Bottom: 5167No. Holes: 28

Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐3,000 GAL 20% MCAThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 04/26/2012 Hours: 24 Bbls oil: 25 Mcf Gas: 0 Bbls H2O: 13Calculated 24 hour rate: Bbls oil: 25 Mcf Gas: 0 Bbls H2O: 13 GOR: 0Test Method: Pumping Casing PSI: 0 Tubing PSI: 40 Choke Size: \_\_\_\_\_Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: 0 API Gravity Oil: 37Tubing Size: 2 + 7/8 Tubing Setting Depth: 5189 Tbg setting date: 03/27/2012 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: \_\_\_\_\_

FORMATION: WARSAWStatus: DRY AND ABANDONEDTreatment Date: 03/19/2012

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 5260Bottom: 5262No. Holes: 8

Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐250 GAL 15% MCA  
500 GAL 15% NEFEThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 03/21/2012 Hours: 5 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 13Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 62 GOR: 0Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 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:

WetDate formation Abandoned: 03/22/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 5250 Sacks cement on top: 2

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:

Email

MSHREVE@MULLDRILLING.COM

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### **Attachment Check List**

Att Doc Num	Name
400282692	WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)