

**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:
400264276

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: <u>61250</u>	4. Contact Name: <u>MARK SHREVE</u>
2. Name of Operator: <u>MULL DRILLING COMPANY INC</u>	Phone: <u>(316) 264-6366</u>
3. Address: <u>1700 N WATERFRONT PKWY B#1200</u>	Fax: <u>(316) 264-6440</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</u>	

5. API Number <u>05-061-06869-00</u>	6. County: <u>KIOWA</u>
7. Well Name: <u>TSA UNIT</u>	Well Number: <u>1-14</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>14</u> Township: <u>17S</u> Range: <u>45W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING

Treatment Date: 03/22/2012 Date of First Production this formation: 04/23/2012

Perforations Top: 5110 Bottom: 5167 No. Holes: 28 Hole size: _____

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

3,000 GAL 20% MCA

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/26/2012 Hours: 24 Bbls oil: 25 Mcf Gas: 0 Bbls H2O: 13

Calculated 24 hour rate: _____ Bbls oil: 25 Mcf Gas: 0 Bbls H2O: 13 GOR: 0

Test Method: Pumping Casing PSI: 0 Tubing PSI: 40 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 37

Tubing 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: WARSAW Status: DRY AND ABANDONED

Treatment Date: 03/19/2012 Date of First Production this formation: _____

Perforations Top: 5260 Bottom: 5262 No. Holes: 8 Hole size: _____

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

250 GAL 15% MCA
500 GAL 15% NEFE

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/21/2012 Hours: 5 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 13

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 62 GOR: 0

Test 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: _____

Wet

Date 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

Attachment Check List

Att Doc Num	Name
400282692	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)