

FORM
5A

Rev
06/12

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:

2237225

Date Received:

07/11/2012

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
2. Name of Operator: MULL DRILLING COMPANY INC
3. Address: 1700 N WATERFRONT PKWY B#1200
City: WICHITA State: KS Zip: 67206-
4. Contact Name: NANCY I. TIMM
Phone: (316) 264-6366
Fax: (316) 264-6440

5. API Number 05-017-06134-00
6. County: CHEYENNE
7. Well Name: KERN
Well Number: 1
8. Location: QtrQtr: SWNE Section: 28 Township: 13S Range: 44W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: ST LOUIS Status: PRODUCING Treatment Type:
Treatment Date: 05/01/2012 End Date: 05/11/2012 Date of First Production this formation: 05/01/2012
Perforations Top: 5292 Bottom: 5308 No. Holes: 28 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

ACIDIZED W/3000 GAL 20% NEFE ACID + 1000 GAL 15% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/16/2012 Hours: 24 Bbl oil: Mcf Gas: 4 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 4 Bbl H2O: GOR:
Test Method: BBL Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 1000 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5306 Tbg setting date: 05/04/2012 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: NANCY I. TIMM

Title: SR. ENG. Date: 6/14/2012 Email NTIMM@MULLDRILLING.COM
:

Attachment Check List

Att Doc Num	Name
2237225	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK: BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED.	7/11/2012 9:42:53 AM

Total: 1 comment(s)