

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400264276

Date Received:

05/09/2012

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: MARK SHREVE
Phone: (316) 264-6366
Fax: (316) 264-6440

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: MISSISSIPPIAN Status: PRODUCING Treatment Type:
Treatment Date: 03/22/2012 End Date: 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

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:

Min 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: 04/26/2012 Hours: 24 Bbl oil: 25 Mcf Gas: 0 Bbl H2O: 13
Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 0 Bbl 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: WARSAW Status: DRY AND ABANDONED Treatment Type: _____
Treatment Date: 03/19/2012 End Date: _____ 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

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: _____ Min 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: 03/21/2012 Hours: 5 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 13
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl 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 ** Wireline and Cement Job Summary must be attached.

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: 5/9/2012 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Name
400264276	FORM 5A SUBMITTED
400282692	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)