

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2288268

Date Received: 04/16/2012

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 4. Contact Name: NANCY I. TIMM
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 05-017-07561-00 6. County: CHEYENNE
7. Well Name: NEHRING Well Number: 2-12
8. Location: QtrQtr: NENW Section: 12 Township: 15S Range: 45W Meridian: 6
9. Field Name: LADDER CREEK Field Code: 47600

Completed Interval

FORMATION: FORT SCOTT Status: PRODUCING Treatment Type:
Treatment Date: 03/28/2012 End Date: Date of First Production this formation: 04/09/2012
Perforations Top: 4705 Bottom: 4708 No. Holes: 12 Hole size:
Provide a brief summary of the formation treatment: Open Hole: []

TREATED WELL W/250 GAL MCA + 3000 GALS 15% NeFe

This formation is commingled with another formation: [] Yes [X] 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: 04/10/2012 Hours: 24 Bbl oil: 15 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: Bbl H2O: GOR:
Test Method: BARREL Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 37
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4804 Tbg setting date: 04/04/2012 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.

FORMATION: SPERGEN Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: 03/28/2012 End Date: _____ Date of First Production this formation: 10/15/1997
 Perforations Top: 5276 Bottom: 5306 No. Holes: 60 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: NOT ECONOMICAL TO PRODUCE
 Date formation Abandoned: 03/28/2012 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: NANCY I. TIMM
 Title: SR. ENG. Date: 4/12/2012 Email: NTIMM@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Name
2288268	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)