

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:

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  
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 05-017-07561-00  
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 ☒ 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)