

FORM
5
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



DE ET OE ES

Document Number:
400332481

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-017-07721-00
6. County: CHEYENNE
7. Well Name: CHAMPLIN-FIGGINS Well Number: 3
8. Location: QtrQtr: NWSW Section: 27 Township: 13S Range: 44W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FWL
As Drilled Latitude: 38.890270 As Drilled Longitude: -102.330980

GPS Data:
Date of Measurement: 09/27/2012 PDOP Reading: 2.7 GPS Instrument Operator's Name: KEITH WESTFALL

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: SMOKY CREEK 10. Field Number: 77560
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/21/2012 13. Date TD: 09/04/2012 14. Date Casing Set or D&A: 09/06/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5610 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4280 KB 4291
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CDL/CNL/PE
DIL
SONIC
MEL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	17+1/2	13+3/8	48	0	389	350	0	389	CALC
1ST	12+1/4	8+5/8	24	1090	1,716	75	1,450	1,716	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHAWNEE	4,159		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,352		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,395		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,762		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,848		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,910		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,055		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,183		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,284		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-ST LOUIS	5,340		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,428		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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	Document Name	attached ?	
Attachment Checklist			
400333890	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400333896	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400332819	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332820	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332821	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400332823	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)