

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

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Date Received:

11/13/2012

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 05-017-06735-00
6. County: CHEYENNE
7. Well Name: BAKER A OWWO
Well Number: 1
8. Location: QtrQtr: LOT 12 Section: 6 Township: 12S Range: 48W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: MARMATON Status: DRY AND ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5504 Bottom: 5510 No. Holes: 24 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: 10/12/2012 Hours: 1 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 6
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 144 GOR:
Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5480 Tbg setting date: 10/12/2012 Packer Depth: 5480
Reason for Non-Production: NON-PRODUCTIVE
Date formation Abandoned: 09/20/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 5490 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: PAWNEE Status: DRY AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 10/04/2012 End Date: 10/10/2012 Date of First Production this formation: _____
Perforations Top: 5524 Bottom: 5530 No. Holes: 24 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

ACIDIZED W/650 GAL 15% 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: 10/12/2012 Hours: 2 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 17
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 204 GOR: _____
Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5512 Tbg setting date: 10/11/2012 Packer Depth: 5512

Reason for Non-Production: NON-PRODUCTIVE

Date formation Abandoned: 10/17/2012 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 100

** Bridge Plug Depth: 5515 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: PENNSYLVANIAN Status: DRY AND ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 5439 Bottom: 5443 No. Holes: 16 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: 10/16/2012 Hours: 2 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 50

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 600 GOR: _____

Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5416 Tbg setting date: 10/16/2012 Packer Depth: 5416

Reason for Non-Production: NON-PRODUCTIVE

Date formation Abandoned: 10/17/2012 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5420 ** 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: 11/13/2012 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Name
400340101	FORM 5A SUBMITTED
400346198	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)