

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: MARK SHREVE
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 05-017-06735-00 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)