

**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



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Document Number:

400343793

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

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 05-061-06877-00

6. County: KIOWA

7. Well Name: SAT UNIT

Well Number: 1-14

8. Location: QtrQtr: SWSW Section: 14 Township: 17S Range: 45W Meridian: 6

Footage at surface: Distance: 1251 feet Direction: FSL Distance: 171 feet Direction: FWL

As Drilled Latitude: 38.573570 As Drilled Longitude: -102.434730

GPS Data:

Data of Measurement: 10/19/2012 PDOP Reading: 3.1 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/01/2012 13. Date TD: 10/12/2012 14. Date Casing Set or D&A: 10/14/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5300 TVD** 17 Plug Back Total Depth MD 5256 TVD**

18. Elevations GR 4101 KB 4112

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/DNL/PE
DIL
SONIC
MICRO

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 | 12+1/4 | 8+5/8 | | 0 | 354 | 265 | 0 | 354 | CALC |
| 1ST | 7+7/8 | 5+1/2 | 14 | 3650 | 5,298 | 225 | 3,650 | 5,298 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2012

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|------------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | STAGE TOOL | 2,640 | 375 | 0 | 2,640 |

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 | 3,767 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HEEBNER | 3,958 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| LANSING | 3,984 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| MARMATON | 4,356 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT SCOTT | 4,446 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CHEROKEE | 4,506 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ATOKA | 4,633 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MORROW | 4,764 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| KEYES | 4,883 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MISSISSIPPIAN | 4,950 | | <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 SHREVETitle: PRESIDENT/COO

Date: _____

Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400351143 | 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"/> |
| 400351145 | 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"/> |
| <u>Other Attachments</u> | | | | | |
| 400351147 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400351148 | PDF-CBL 2ND RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400351150 | PDF-DUAL INDUCTION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400351152 | PDF-MICROLOG | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400351154 | PDF-DENSITY/NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400351155 | PDF-SONIC | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

| | | |
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| | | |
|--|--|--|

Total: 0 comment(s)