

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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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 05-061-06877-00 6. County: KIOWA
 7. Well Name: SAT UNIT Well Number: 1-14
 8. Location: QtrQtr: SWSW Section: 14 Township: 17S Range: 45W Meridian: 6
 9. Field Name: RED GIANT Field Code: 72655

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 10/24/2012 End Date: 10/24/2012 Date of First Production this formation: 11/01/2012

Perforations Top: 5138 Bottom: 5144 No. Holes: 24 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

PUMPED 250 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: 11/08/2012 Hours: 24 Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 38

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 38 GOR: 0

Test Method: PUMPING Casing PSI: 0 Tubing PSI: 50 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5198 Tbg setting date: 10/26/2012 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5251 ** 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: 12/17/2012 Email: MSHREVE@MULLDRILLING.COM
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Attachment Check List

Att Doc Num	Name
400343809	FORM 5A SUBMITTED
400359104	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)