

**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:

400366899

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 05-017-07732-00

6. County: CHEYENNE

7. Well Name: APC-DOUG

Well Number: 1-25

8. Location: QtrQtr: SWSE Section: 25 Township: 16S Range: 45W Meridian: 6

Footage at surface: Distance: 825 feet Direction: FSL Distance: 1620 feet Direction: FEL

As Drilled Latitude: 38.631760 As Drilled Longitude: -102.406820

GPS Data:

Data of Measurement: 12/22/2012 PDOP Reading: 3.3 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: LOMA

10. Field Number: 51350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/25/2012 13. Date TD: 12/10/2012 14. Date Casing Set or D&A: 12/11/2012

15. Well Classification:

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

16. Total Depth MD 5560 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4295 KB 4306

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
MEL
SONIC

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	28	0	323	240	0	323	CALC
1ST	7+7/8	5+1/2	14/15.5	0	5,480	215	3,630	5,480	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/21/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,877	400	0	2,877

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	3,982		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,181		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,218		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,606		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,687		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,752		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,902		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,036		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,159		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,354		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,506		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,518		<input 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 ?			
<u>Attachment Checklist</u>					
400366940	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"/>
400366943	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>					
400366956	LAS-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400366964	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)