

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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Date Received:

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 05-061-06867-00 6. County: KIOWA 7. Well Name: MCBRIDE-MICHEL "A" Well Number: 1-31 8. Location: QtrQtr: NWNE Section: 31 Township: 18S Range: 45W Meridian: 6 9. Field Name: BRANDON Field Code: 7500

Completed Interval

FORMATION: MORROW Status: SHUT IN Treatment Type: ACID JOB Treatment Date: 10/09/2012 End Date: 10/10/2012 Date of First Production this formation: Perforations Top: 4400 Bottom: 4410 No. Holes: 40 Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 11/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 175 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 175 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 168 Tubing PSI: 166 Choke Size: 1/4 Gas Disposition: VENTED Gas Type: WET Btu Gas: 1321 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 4384 Tbg setting date: 10/10/2012 Packer Depth: 4384

Reason for Non-Production: Waiting on pipeline connection.

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

** Bridge Plug Depth: ** Sacks cement on top: ** 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: _____ Email: MSHREVE@MULLDRILLING.COM
:

Attachment Check List

Att Doc Num	Name
400371496	WELLBORE DIAGRAM
400371497	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)