

FORM
5ARev
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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Document Number:

2165482

Date Received:

02/11/2013

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: NANCY I. TIMM
 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 05-017-06133-00 6. County: CHEYENNE
 7. Well Name: CROSBY Well Number: 1
 8. Location: QtrQtr: NENW Section: 28 Township: 13S Range: 44W Meridian: 6
 9. Field Name: SMOKY CREEK Field Code: 77560

Completed Interval

FORMATION: MISSISSIPPIAN-ST LOUIS Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 01/08/2013 End Date: 01/09/2013 Date of First Production this formation: 01/11/2013
 Perforations Top: 5296 Bottom: 5310 No. Holes: 20 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

SET CIBP @ 5350' ACIDIZED W/500 GAL 15% MCA + 2000 GAL NEFE. DRILLED OUT CIBP.

This formation is commingled with another formation: ☒ Yes ☐ NoTotal 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: 01/15/2013 Hours: 24 Bbl oil: 7 Mcf Gas: 0 Bbl H2O: 320
 Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: Bbl H2O: 320 GOR:
 Test Method: PROVER Casing PSI: Tubing PSI: Choke Size:
 Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 38
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5275 Tbg setting date: 01/11/2013 Packer Depth:

Reason for Non-Production: 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: NANCY I. TIMM

Title: SR. ENG & PROD. TECH Date: 2/8/2013 Email NTIMM@MULLDRILLING.COM
:

Attachment Check List

Att Doc Num	Name
2165482	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Operator needs to send it production reports for the Miss.- St. Louis	4/15/2013 6:39:00 AM

Total: 1 comment(s)