

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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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: NANCY I. TIMM
Phone: (316) 264-6366
Fax: (316) 264-6440

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: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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:

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

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

Total: 1 comment(s)