

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400420401

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: Nancy Timm  
Phone: (316) 264-6366  
Fax: (316) 264-6440

5. API Number 05-017-06397-00  
6. County: CHEYENNE  
7. Well Name: PELTON HEIRS 'A'  
Well Number: 1  
8. Location: QtrQtr: SENW Section: 26 Township: 13S Range: 44W Meridian: 6  
9. Field Name: SALIS Field Code: 76165

Completed Interval

FORMATION: MARMATON Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 06/30/1985  
Perforations Top: 4768 Bottom: 4765 No. Holes: 12 Hole size: 1/2  
Provide a brief summary of the formation treatment: Open Hole: ☐  
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: 04/06/2013 Hours: 24 Bbl oil: 2 Mcf Gas: 0 Bbl H2O: 78  
Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 0 Bbl H2O: 78 GOR: 0  
Test Method: Bbl Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: VENTED Gas Type: DRY Btu Gas: 200 API Gravity Oil: 38  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5383 Tbg setting date: 04/03/2013 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.

FORMATION: MISSISSIPPIAN Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 11/30/1983  
Perforations Top: 5274 Bottom: 5355 No. Holes: 60 Hole size: 1/2  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Set plug @ 5314 & packer @ 5245'. Spotted acid 500gal 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): 11

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: 04/06/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 28  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 28 GOR: 0  
Test Method: 24 Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: VENTED Gas Type: DRY Btu Gas: 200 API Gravity Oil: 38  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5383 Tbg setting date: 04/03/2013 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. End. & Prod. Tech. Date: \_\_\_\_\_ Email: ntimm@mulldrilling.com

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)