

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



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05/18/2013

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
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: Gas Type: Btu Gas: 0 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: _____ Gas Type: _____ Btu Gas: 0 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: 5/18/2013 Email: ntimm@mulldrilling.com

Attachment Check List

Att Doc Num	Name
400420401	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)