

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: MARK SHREVE Phone: (316) 264-6366 Fax: (316) 264-6440

5. API Number 05-073-06098-00 6. County: LINCOLN 7. Well Name: KOCH 11-7 Well Number: 1 8. Location: QtrQtr: NWNW Section: 7 Township: 12S Range: 52W Meridian: 6 9. Field Name: CLIFFORD Field Code: 11410

Completed Interval

FORMATION: MARMATON Status: INJECTING Treatment Type: ACID JOB

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 6078 Bottom: 6150 No. Holes: 168 Hole size: 0.52

Provide a brief summary of the formation treatment: Open Hole: [ ]

ACIDIZED W/3000 GAL 20% MCA.

This formation is commingled with another formation: [ ] Yes [X] 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: MARK SHREVE  
Title: PRESIDENT/COO Date: 10/3/2013 Email: MSHREVE@MULLDRILLING.COM  
:

### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400487093	FORM 5A SUBMITTED
400489058	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Form 33 not approved yet. Waiting on verification that they can inject.	10/4/2013 7:13:55 AM

Total: 1 comment(s)