



02430301

Form

5A

Rev 6/12

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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For COGCC Use Only

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SEP - 9 2013

COGCC**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 page for each formation. Attach as many pages as required to fully describe the work. List in order of completion. The completion date for a formation is the Treatment End Date. Reported quantities shall be the total amounts used and recovered as of the submittal date of this form.

OGCC Operator Number: 61250 Operator Contact
Name of Operator: Mull Drilling Company, Inc. Name: Mark Shreve
Address: 1700 N. Waterfront Parkway, Building 31200 Phone: 316-264-6366
City: Wichita State: KS Zip: 67206 FAX: 316-264-6440
email: mshreve@mulldrilling.com

API Number: 05-017-07743-00 Sidetrack: _____ County: Cheyenne
Well Name: Tallman Farms B Well Number: 1-30
Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 9, Section 30-T16S-R44W, 6th P.M.
Field Code: _____ Field Name: _____

Complete the
Attachment
Checklist

OP OGCC

Wellbore Diagram	<input checked="" type="checkbox"/>	
Net Pressure Chart		
Wireline Summary		
Cement Summary	<input checked="" type="checkbox"/>	

Formation: MarmatonStatus: Producing ☒Date of First Production for this formation: 07/26/2013This formation is commingled with another formation ☐Tubing Size: 2 7/8" Tubing Setting Depth: 4701'Tbg Setting Date: 07/15/2013 Packer Depth: _____**Formation Treatment**Treatment Type: Acid Job ☒Perforations Top: 4666 Bottom: 4668No. Holes: 12Hole Size: 0.52Open Hole: ☐Provide a brief summary of the formation treatment: Treatment Dates: Start: 08/27/13 End: 08/27/13Acidized with 100 gals 15% MCA. Flushed with 50 bbls 2% KCl water.

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: ☐

Fracture stimulations must be reported on FracFocus.org

Reason why green completion not utilized: _____

Test InformationTest Date: 09/04/13Bbls Oil: 60Mcf Gas: 0Bbls Water: 0Test Hours: 24Calculated 24 Hour Rate: Bbls Oil: 60Mcf Gas: 0Bbls Water: 0GOR: 0Test Method: PumpCasing PSI: 50Tubing PSI: 26

Choke Size: _____

Gas Disposition: _____

Gas Type: _____

BTU Gas: _____

API Gravity Oil: 34.4**Formation Abandonment**

Reason for Non-Production: _____

Date Formation Abandoned: _____

Squeezed: Yes ☐ No ☐

If yes number of sacks cement: _____

Bridge Plug Depth: _____

Sacks of cement on top of bridge plug: _____

Attach wireline and cement job summary.

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

Print Name: Mark ShreveEmail: mshreve@mulldrilling.com

Signature: _____

Title: President/COO Date: 09/05/2013