

FORM  
5Rev  
02/08

## 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:

400495490

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 61250

4. Contact Name: MARK SHREVE

2. Name of Operator: MULL DRILLING COMPANY INC

Phone: (316) 264-6366

3. Address: 1700 N WATERFRONT PKWY B#1200

Fax: (316) 264-6440

City: WICHITA State: KS Zip: 67206-

5. API Number 05-061-06888-00

6. County: KIOWA

7. Well Name: PORKY

Well Number: 1-32

8. Location: QtrQtr: SESE Section: 32 Township: 17S Range: 45W Meridian: 6

Footage at surface: Distance: 687 feet Direction: FSL Distance: 978 feet Direction: FEL

As Drilled Latitude: 38.529020 As Drilled Longitude: -102.476040

## GPS Data:

Data of Measurement: 10/08/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: ELIJAH FRANE

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/21/2013 13. Date TD: 10/03/2013 14. Date Casing Set or D&amp;A: 10/03/2013

## 15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5200 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 3979 KB 3990

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CDL/CNL/PE  
DIL  
MEL  
SONIC

## 20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	358	250	0	358	CALC

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
STONE CORRAL	2,392		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	3,553		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,753		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,779		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,172		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,270		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,328		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,486		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,635		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,809		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,840		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,004		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,162		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_

Print Name: TANNIS TRITT

Title: EXECUTIVE ASSISTANT

Date: \_\_\_\_\_

Email: TTRITT@MULLDRILLING.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400495640	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400495632	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400495631	LAS-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)