

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:

10/15/2013

## 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:

Date 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   |
| OPEN HOLE   | 7+7/8        |                |       | 358           | 5,200         |           |         |         |        |

**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: 10/15/2013 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>    |                       |            |                                     |    |                                     |
| 400495490                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 400495631                   | LAS-IND-DENS-NEU      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

## General Comments

User Group

Comment

Comment Date

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)