

FORM
5

Rev
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:

400528918

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 05-017-07772-00

6. County: CHEYENNE

7. Well Name: GERWECK

Well Number: 1-4

8. Location: QtrQtr: NWNW Section: 4 Township: 14S Range: 44W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 38.868120 As Drilled Longitude: -102.349240

GPS Data:

Date of Measurement: 12/16/2013 PDOP Reading: 1.1 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: CHEYENNE WELLS

10. Field Number: 11050

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/09/2013 13. Date TD: 11/22/2013 14. Date Casing Set or D&A: 11/23/2013

15. Well Classification:

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

16. Total Depth MD 5500 TVD** 17 Plug Back Total Depth MD 5474 TVD**

18. Elevations GR 4261 KB 4272

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
MICRO
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	17+1/2	13+3/8	48	0	486	460	0	486	CALC
1ST	12+1/4	8+5/8	24	0	1,733	100	1,450	1,733	CALC
2ND	7+7/8	5+1/2	15.5	0	5,498	210	4,530	5,498	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/23/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 2.1	3,104	150	550	3,104
PERF & PUMP	S.C. 2.2	4,200	175	3,838	4,200
SQUEEZE	2ND	4,200	150	4,200	4,290

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	3,084		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,127		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,320		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,360		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,717		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,798		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,857		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,003		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,125		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,234		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,281		<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>		
400534247	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"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" 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>		
400534257	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400534258	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400534259	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400534260	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400534262	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)