

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



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Document Number: 400554344

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 [X] 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 05-017-07779-00 6. County: CHEYENNE
7. Well Name: APC-BETTY Well Number: 1-27
8. Location: QtrQtr: SWSE Section: 27 Township: 16S Range: 45W Meridian: 6
Footage at surface: Distance: 865 feet Direction: FSL Distance: 1878 feet Direction: FEL
As Drilled Latitude: 38.631690 As Drilled Longitude: -102.444720

GPS Data:
Date of Measurement: 01/30/2014 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) 01/09/2014 13. Date TD: 01/23/2014 14. Date Casing Set or D&A: 01/24/2014

15. Well Classification:

[] Dry [X] Oil [] Gas/Coalbed [] Disposal [] Stratigraphic [] Enhanced Recovery [] Storage [] Observation

16. Total Depth MD 5494 TVD** 17 Plug Back Total Depth MD 5443 TVD**

18. Elevations GR 4227 KB 4238

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	343	275	0	343	CALC
1ST	7+7/8	5+1/2	15.5	0	5,492	225	4,880	5,492	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/24/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	STAGE TOOL	2,758	380	0	2,758

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	
GREENHORN	1,164		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,387		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	1,520		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,255		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	2,744		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	3,859		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,062		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,087		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,484		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,574		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,640		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,792		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,936		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,048		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-ST LOUIS	5,122		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,284		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	5,402		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,439		<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 ?	
Attachment Checklist			
400554370	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"/>
400554364	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"/>
Other Attachments			
400554438	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400554462	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400554464	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400554465	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400554467	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400557261	PDF-CEMENT BOND	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)