

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400567901

Date Received:

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 section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 61250
2. Name of Operator: MULL DRILLING COMPANY INC
3. Address: 1700 N WATERFRONT PKWY B#1200
City: WICHITA State: KS Zip: 67206-
4. Contact Name: Mark Shreve
Phone: (316) 264-6366
Fax: (316) 264-6440
Email: mshreve@mulldrilling.com

5. API Number 05-017-06933-00
6. County: CHEYENNE
7. Well Name: NW ARAPAHOE UNIT (NWAU)
Well Number: 11
8. Location: QtrQtr: NESE Section: 36 Township: 13S Range: 43W Meridian: 6
9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:
Treatment Date: 02/10/2014 End Date: 02/10/2014 Date of First Production this formation: 12/17/1988
Perforations Top: 5216 Bottom: 5250 No. Holes: 184 Hole size: 0.52
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
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: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Risa Carter

Title: Production Technician Date: _____ Email: rcarter@mulldrilling.com
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Attachment Check List

Att Doc Num Name

400567938	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)