

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



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Document Number:

400574121

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 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- Email: MSHREVE@MULLDRILLING.COM

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
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: FORT SCOTT Status: SHUT IN Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/18/2014
Perforations Top: 4582 Bottom: 4584 No. Holes: 8 Hole size: 0.052
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: 04/16/2014 Hours: 24 Bbl oil: 38 Mcf Gas: 388 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 38 Mcf Gas: 388 Bbl H2O: 0 GOR: 10210
Test Method: FLOWING Casing PSI: 170 Tubing PSI: 35 Choke Size: _____
Gas Disposition: VENTED Gas Type: WET Btu Gas: 1027 API Gravity Oil: 37
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4768 Tbg setting date: 03/10/2014 Packer Depth: _____
Reason for Non-Production: Waiting on gas connection.
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.

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|---|----------------------------------|--|--|--|--|
| FORMATION: <u>MISSISSIPPIAN</u> | | Status: <u>DRY AND ABANDONED</u> | | Treatment Type: <u>ACID JOB</u> | |
| Treatment Date: <u>02/25/2014</u> | | End Date: <u>02/26/2014</u> | | Date of First Production this formation: _____ | |
| Perforations | Top: <u>5298</u> | Bottom: <u>5336</u> | No. Holes: <u>72</u> | Hole size: <u>0.052</u> | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| ACIDIZED W/1,500 GAL 15% MCA | | | | | |
| This formation is commingled with another formation: | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> | | |
| Reason why green completion not utilized: _____ | | | | | |
| Fracture stimulations must be reported on FracFocus.org | | | | | |
| <u>Test Information:</u> | | | | | |
| Date: <u>02/26/2014</u> | Hours: <u>3</u> | Bbl oil: <u>0</u> | Mcf Gas: <u>0</u> | Bbl H2O: <u>11</u> | |
| Calculated 24 hour rate: | Bbl oil: <u>1</u> | Mcf Gas: <u>0</u> | Bbl H2O: <u>88</u> | GOR: _____ | |
| Test Method: <u>SWAB</u> | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ | | |
| Gas Disposition: _____ | Gas Type: _____ | Btu Gas: <u>0</u> | API Gravity Oil: <u>0</u> | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: HIGH WATER CUT | | | | | |
| Date formation Abandoned: <u>02/27/2014</u> | | Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, number of sacks cmt _____ | |
| ** Bridge Plug Depth: <u>5270</u> | ** Sacks cement on top: <u>2</u> | | ** Wireline and Cement Job Summary must be attached. | | |

FORMATION: WARSAW Status: DRY AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 02/19/2014 End Date: 02/21/2014 Date of First Production this formation: _____
Perforations Top: 5410 Bottom: 5418 No. Holes: 32 Hole size: 0.52
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

ACIDIZED W/1,250 GAL 15% MCA.

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: 02/21/2014 Hours: 5 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 7
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 34 GOR: _____
Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: HIGH WATER CUT
Date formation Abandoned: 02/24/2014 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____
** Bridge Plug Depth: 5400 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: MARK SHREVE
Title: PRESIDENT/COO Date: _____ Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400593046 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
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Total: 0 comment(s)