

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:

04/21/2014

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 05-017-07779-00  
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.

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: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: <span style="border: 1px solid black; padding: 2px;">HIGH WATER CUT</span>					
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: 4/21/2014 Email: MSHREVE@MULLDRILLING.COM

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
400574121	FORM 5A SUBMITTED
400593046	WELLBORE DIAGRAM
400596508	WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)