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09/14</td><td>State of Colorado
Oil and Gas Conservation Commission</td></tr>
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State of Colorado
Oil and Gas Conservation Commission

FORM 5 Rev 09/14

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

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400693754

Date Received:

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

OGCC Operator Number: 61250   Contact Name: MARK SHREVE

Name of Operator: MULL DRILLING COMPANY INC   Phone: (316) 264-6366

Address: 1700 N WATERFRONT PKWY B#1200   Fax: (316) 264-6440

City: WICHITA   State: KS   Zip: 67206-

API Number   05-061-06893-00   County: KIOWA

Well Name: SCHERLER   Well Number: 1-10

Location: QtrQtr: NENE   Section: 10   Township: 17S   Range: 45W   Meridian: 6

Footage at surface: Distance: 849 feet   Direction: FNL   Distance: 952 feet   Direction: FEL

As Drilled Latitude: 38.596830   As Drilled Longitude: -102.438610

GPS Data:

Date of Measurement: 09/30/2014   PDOP Reading: 2.7   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: ___

Field Name: WILDCAT   Field Number: 99999

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/20/2014   Date TD: 08/27/2014   Date Casing Set or D&A: 08/31/2014

Rig Release Date: 09/01/2014   Per Rule 308A.b.

Well Classification:

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

Total Depth   MD 5450   TVD** ___   Plug Back Total Depth   MD ___   TVD** ___

Elevations   GR 4148   KB 4159   **Digital Copies of ALL Logs must be Attached per Rule 308A** ☒

List Electric Logs Run:

CDL/CNL/PE; DIL; Sonic; MEL

CASING, LINER AND CEMENT

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	341	265	0	341	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
DAKOTA	1,279				
CHEYENNE	1,418				
STONE CORRAL	2,656				
SHAWNEE	3,790				
HEEBNER	3,994				
LANSING	4,028				
MARMATON	4,420				
CHEROKEE	4,584				
ATOKA	4,742				
MORROW	4,899				
KEYES	4,992				
MISSISSIPPIAN	5,260				
HARRISON	5,413				

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

Att Doc Num	Document Name				
400700813	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
400700814	DST Analysis	Yes	☒	No	☐
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name				
400693768	PDF-DUAL INDUCTION	Yes	☒	No	☐
400693769	PDF-MICROLOG	Yes	☒	No	☐
400693770	PDF-SONIC	Yes	☒	No	☐
400693771	PDF-DENSITY/NEUTRON	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)