

FORM
5

Rev
09/14

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

400693754

Date Received:

10/03/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 5457 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; density/neutron

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	VISU
OPEN HOLE	7+7/8			341	5,457				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				

Operator Comments

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: 10/3/2014

Email: TTRITT@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400700813	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"/>
400700814	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"/>
<u>Other Attachments</u>			
2519439	COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693754	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693768	DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693769	MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693770	SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400693771	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached provided LAS log.	11/4/2014 9:16:27 AM
Permit	Requested LAS composite log.	11/4/2014 7:20:34 AM

Total: 2 comment(s)