

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:

400721608

Date Received:

12/04/2014

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 05-063-06350-00 County: KIT CARSON
Well Name: W-K Well Number: 1-27
Location: QtrQtr: SWNE Section: 27 Township: 6S Range: 47W Meridian: 6
Footage at surface: Distance: 1623 feet Direction: FNL Distance: 1460 feet Direction: FEL
As Drilled Latitude: 39.500110 As Drilled Longitude: -102.635430

GPS Data:
Date of Measurement: 11/25/2014 PDOP Reading: 1.9 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) 09/22/2014 Date TD: 10/04/2014 Date Casing Set or D&A: 10/07/2014
Rig Release Date: 10/07/2014 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6292 TVD** Plug Back Total Depth MD 6292 TVD**
Elevations GR 4290 KB 4301 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
DIL

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	421	280	0	421	VISU

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	
NIOBRARA	1,973				
GREENHORN	2,555				
DAKOTA	2,779				
SKULL CREEK	3,035				
CHEYENNE	3,141				
STONE CORRAL	4,029				
RED CAVE	4,142				
NEVA	4,542				
SHAWNEE	4,846				
LANSING	5,036				
MARMATON	5,400				
CHEROKEE	5,514				
ATOKA	5,693				
MORROW	5,834				

Operator Comments

LEFT 12 DRILL COLLARS AND BIT IN HOLE. TOP OF DRILL COLLARS @ 5940'.

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: 12/4/2014 Email: TTRITT@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400744433	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"/>
400744424	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>			
2519526	INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400721608	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400721629	DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached missing LAS log.	12/5/2014 2:30:47 PM
Permit	Missing LAS of the induction log.	12/5/2014 1:35:50 PM

Total: 2 comment(s)