

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-017-07002-00 6. County: CHEYENNE 7. Well Name: NW ARAPAHOE UNIT (NWAU) Well Number: 9 8. Location: QtrQtr: NENW Section: 36 Township: 13S Range: 43W Meridian: 6 9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:

Treatment Date: 02/19/2015 End Date: 02/19/2015 Date of First Production this formation: 02/20/2015

Perforations Top: 5248 Bottom: 5262 No. Holes: 164 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

Perfed 5255' - 5262' 152 holes 1 inch

This formation is commingled with another formation: [ ] Yes [X] 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: 02/21/2015 Hours: 24 Bbl oil: 61 Mcf Gas: 0 Bbl H2O: 17

Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 0 Bbl H2O: 61 GOR: 0

Test Method: Pumping Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 39

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5302 Tbg setting date: 02/19/2015 Packer Depth:

Reason for Non-Production:

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.

Comment:

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

Signed: \_\_\_\_\_ Print Name: Risa Carter

Title: Production Tech. Date: 3/5/2015 Email rcarter@mulldrilling.com  
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### Attachment Check List

**Att Doc Num**      **Name**

400803536	FORM 5A SUBMITTED
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