

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:

401062153

Date Received:

06/15/2016

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 05-017-06279-00  
6. County: CHEYENNE  
7. Well Name: MUSF  
Well Number: 5  
8. Location: QtrQtr: NWSE Section: 32 Township: 13S Range: 49W Meridian: 6  
9. Field Name: SORRENTO Field Code: 77725

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 10/21/1980  
Perforations Top: 5525 Bottom: 5541 No. Holes: 76 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Added Morrow perfs at 5533' - 5541'.

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: 05/21/2016 Hours: 24 Bbl oil: 2 Mcf Gas: 0 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 0 Bbl H2O: 0 GOR: 0  
Test Method: Pumping Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: 1005 API Gravity Oil: 40  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5564 Tbg setting date: 05/17/2016 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: 6/15/2016 Email rcarter@mulldrilling.com  
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### Attachment Check List

**Att Doc Num**      **Name**

401062153	FORM 5A SUBMITTED
401063171	WELLBORE DIAGRAM
401063172	WIRELINE JOB SUMMARY

Total Attach: 3 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)