

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401098067 Date Received:				
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: <u>61250</u> 2. Name of Operator: <u>MULL DRILLING COMPANY INC</u> 3. Address: <u>1700 N WATERFRONT PKWY B#1200</u> City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</u>	4. Contact Name: <u>Mark Shreve</u> Phone: <u>(316) 264-6366</u> Fax: <u>(316) 264-6440</u> Email: <u>mshreve@mulldrilling.com</u>
--	---

5. API Number <u>05-017-07678-00</u> 7. Well Name: <u>CHAMPLIN-ALDRICH</u> 8. Location: QtrQtr: <u>NENE</u> Section: <u>33</u> Township: <u>13S</u> 9. Field Name: <u>CHEYENNE WELLS</u> Field Code: <u>11050</u>	6. County: <u>CHEYENNE</u> Well Number: <u>4</u> Range: <u>44W</u> Meridian: <u>6</u>
--	---

Completed Interval

FORMATION: <u>SPERGEN</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>07/25/2016</u>	End Date: <u>07/23/2016</u>	Date of First Production this formation: <u>10/28/2009</u>
Perforations Top: <u>5444</u>	Bottom: <u>5454</u>	No. Holes: <u>40</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

Acidized w/ 55 gals P-977, 1500 glas of Mod-202 w/ additives, flushed w/ 2% KCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>75</u>	Max pressure during treatment (psi): <u>260</u>
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): <u>37</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>75</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>08/23/2016</u>	Hours: <u>24</u>	Bbl oil: <u>20</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>16</u>
Calculated 24 hour rate:	Bbl oil: <u>20</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>16</u>	GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>39</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5458</u>	Tbg setting date: <u>07/26/2016</u>	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:

--

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: _____ Email: rcarter@mulldrilling.com
:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

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

--	--	--

Total: 0 comment(s)