

FORM
5ARev
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:

401103454

Date Received:

09/02/2016

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 4. Contact Name: Mark Shreve
 2. Name of Operator: MULL DRILLING COMPANY INC Phone: (316) 264-6366
 3. Address: 1700 N WATERFRONT PKWY B#1200 Fax: (316) 264-6440
 City: WICHITA State: KS Zip: 67206- Email: mshreve@mulldrilling.com

5. API Number 05-017-06979-00 6. County: CHEYENNE
 7. Well Name: NW ARAPAHOE UNIT (NWAU) Well Number: 10
 8. Location: QtrQtr: SWNE 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: _____ End Date: _____ Date of First Production this formation: 06/13/1989
 Perforations Top: 5220 Bottom: 5252 No. Holes: 199 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Added Morrow perms at 5220' - 5226'.

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: 08/14/2016 Hours: 24 Bbl oil: 132 Mcf Gas: 6 Bbl H2O: 1
 Calculated 24 hour rate: Bbl oil: 132 Mcf Gas: 6 Bbl H2O: 1 GOR: 45
 Test Method: Pumping Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: RE-INJECTED Gas Type: WET Btu Gas: 1005 API Gravity Oil: 42
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5279 Tbg setting date: 08/13/2016 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: 9/2/2016 Email rcarter@mulldrilling.com
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Attachment Check List

Att Doc Num Name

401103454	FORM 5A SUBMITTED
401103688	WELLBORE DIAGRAM
401103690	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)