

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: 401802856 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>
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5. API Number <u>05-017-07213-00</u> 7. Well Name: <u>NW ARAPAHOE UT</u> 8. Location: QtrQtr: <u>S2NE</u> Section: <u>32</u> Township: <u>13S</u> 9. Field Name: <u>ARAPAHOE</u> Field Code: <u>2875</u>	6. County: <u>CHEYENNE</u> Well Number: <u>19</u> Range: <u>42W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>MORROW</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>08/09/2018</u>	End Date: <u>09/27/2018</u>	Date of First Production this formation: <u>04/11/1991</u>
Perforations Top: <u>5200</u>	Bottom: <u>5252</u>	No. Holes: <u>72</u> Hole size: <u>52/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Added perms from 5200' - 5204' and 5210' - 5220' to make new gross interval 5200' - 5252'. Acidized each new set of perms w/ 500 gals 15% MCA.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>86</u>	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): <u>24</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>62</u>	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5266</u>	Tbg setting date: <u>09/27/2018</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
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401802985	WELLBORE DIAGRAM
401802986	WIRELINE JOB SUMMARY
401803106	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)