

FORM 5
Rev 09/14

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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Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 61250 Contact Name: Mark Shreve
Name of Operator: MULL DRILLING COMPANY INC Phone: (316) 264-6366
Address: 1700 N WATERFRONT PKWY B#1200 Fax: (316) 264-6440
City: WICHITA State: KS Zip: 67206-

API Number 05-061-06770-00 County: KIOWA
Well Name: Quiver Unit Well Number: 3
Location: QtrQtr: NESE Section: 1 Township: 17S Range: 48W Meridian: 6
Footage at surface: Distance: 2540 feet Direction: FSL Distance: 600 feet Direction: FEL
As Drilled Latitude: As Drilled Longitude:

GPS Data:
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

Field Name: QUIVER Field Number: 70900
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 01/27/2001 Date TD: 02/05/2001 Date Casing Set or D&A: 02/06/2001
Rig Release Date: 02/06/2001 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 5110 TVD** Plug Back Total Depth MD 5065 TVD**

Elevations GR 4118 KB 4129 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
DIL, ML, CND-PE, CBL - All already on file w/ COGCC

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	465	275	0	465	
1ST	7+7/8	5+1/2	15.5	0	5,108	100	4,330	5,108	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/26/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,788	200	3,757	3,788
	S.C. 1.1	2,422	520	0	2,422

Details of work:

RU HSI Cementers, load & pressure up annulus to 300#. Load tubing w/ 6.5 BW & take inj rate of 2.5 BPM @ 500#. Mix & pump 200 sks of Class A cement w/ first 100 sks containing fluid loss. Shut down & clear pump & lines, start displacement, zone took first 9.75 bbls on vac. Start pumping @ 600#, displace a total of 15.3 bbls past packer. Staged on cement, holding 700#, wait 15 mins. Pressure up to 1200#, wait 5 mins. Pressure up to 1400#, wait 3 mins & release pressure on cement, held. Release pressure off backside & release packer. Reverse out short way w/ 30 BW. RD HSI & pull tubing & packer out. Shut well in and SDOWE.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Comment:

This Form 5 is being submitted per Rule 308A.b.(3) for casing repair.

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
402138366	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402138367	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

