

FORM
5

Rev
11/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402548010

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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-

Email: mshreve@mulldrilling.com

API Number 05-017-06133-00

County: CHEYENNE

Well Name: CROSBY

Well Number: 1

Location: QtrQtr: NENW

Section: 28

Township: 13S

Range: 44W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 780 feet

Direction: FNL

Distance: 1980 feet

Direction: FWL

As Drilled Latitude:

As Drilled Longitude:

GPS Data:

GPS Quality Value:

Type of GPS Quality Value:

Date of Measurement:

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

Field Name: SMOKY CREEK

Field Number: 77560

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/05/1973

Date TD: 05/19/1973

Date Casing Set or D&A: 05/21/1973

Rig Release Date: 05/21/1973 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 5442

TVD**

Plug Back Total Depth MD 5404

TVD**

Elevations GR 4215

KB 4225

Digital Copies of ALL Logs must be Attached



List All Logs Run:

RA Guard

CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
SURF	12+1/4	8+5/8	J-55	20	0	287	250	287	0	VISU
1ST	7+7/8	5+1/2	J-55	15.5	0	5441	150	5441	4435	CBL

Bradenhead Pressure Action Threshold 86 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	-3,026	200	1,970	3,057

Details of work:

9/6/1984 - Located casing leak between 3026' & 3057' with RBP & packer. Set packer at 2962'. Pumped 75 sks. Class C cement into leak.
9/7/1984 - Pumped an additional 125 sks. Class C cement w/2% Calcium Chloride. Squeezed to 1000 psig. Pulled packer.
9/11/1984 - Drilled out cement.
9/12/1984 - Retrieved RBP. Put well back on production.

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	

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Mark Shreve

Title: President/COO Date: _____ Email: mshreve@mulldrilling.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

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

Total: 0 comment(s)

