

FORM
5
Rev
11/20

State of Colorado Oil and Gas Conservation Commission

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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

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
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)

