

FORM
5A
Rev
09/20

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
402931902

Date Received:
01/20/2022

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: <u>61250</u>	4. Contact Name: <u>Mark Shreve</u>
2. Name of Operator: <u>MULL DRILLING COMPANY INC</u>	Phone: <u>(316) 264-6366</u>
3. Address: <u>1700 N WATERFRONT PKWY B#1200</u>	Fax: <u>(316) 264-6440</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</u>	Email: <u>mshreve@mulldrilling.com</u>

5. API Number <u>05-017-07100-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>NW ARAPAHOE UNIT</u>	Well Number: <u>16</u>
8. Location: QtrQtr: <u>E2SW</u> Section: <u>32</u> Township: <u>13S</u> Range: <u>42W</u> Meridian: <u>6</u>	
9. Field Name: <u>ARAPAHOE</u> Field Code: <u>2875</u>	

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date this Formation was Completed: 03/17/1999

Perforations Top: 5260 Bottom: 5264 No. Holes: 16 Hole size: 52/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Squeezed existing perms at 5260'-5271'. Perforated 5260'-5264' to change gross producing interval.

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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

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: 2 + 7/8 Tubing Setting Depth: 5293 Tbg setting date: 01/17/2022 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 O'Bryhim

Title: Prod Tech Date: 1/20/2022 Email: robryhim@mulldrilling.com

Attachment List

Att Doc Num	Name
402931902	FORM 5A SUBMITTED
402932840	CEMENT JOB SUMMARY
402932843	WELLBORE DIAGRAM
402932846	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)