

**FORM  
5**Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2592686

**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

1. OGCC Operator Number: 61250

4. Contact Name: MARK SHREVE

2. Name of Operator: MULL DRILLING COMPANY INC

Phone: (316) 264-6366

3. Address: 1700 N WATERFRONT PKWY B#1200

Fax: (316) 264-6440

City: WICHITA State: KS Zip: 67206-66

5. API Number 05-061-06850-00

6. County: KIOWA

7. Well Name: DUSTY

Well Number: 1-11

8. Location: QtrQtr: SWSE Section: 11 Township: 18S Range: 45W Meridian: 6

Footage at surface: Distance: 1215 feet Direction: FSL Distance: 1324 feet Direction: FEL

As Drilled Latitude: 38.502020 As Drilled Longitude: -102.423500

## GPS Data:

Data of Measurement: 12/17/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: KEITH WESTFALL

\*\* 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:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/29/2010 13. Date TD: 12/12/2010 14. Date Casing Set or D&amp;A: 12/14/2010

## 15. Well Classification:

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

16. Total Depth MD 4280 TVD\*\* 4280 17 Plug Back Total Depth MD 4280 TVD\*\* 4280

18. Elevations GR 3969 KB 3980

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CDL/CNL &amp; DIL

## 20. Casing, Liner and Cement:

### CASING

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		0	349	250	0	349	CALC

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
HEEBNER	3,742		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,762		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,184		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	4,250		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,282		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,345		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,661		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,850		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,228		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: \_\_\_\_\_

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: 1/12/2011 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"/>
2592687	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2592686	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)