

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



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DRILLING COMPLETION REPORT

Document Number:

400151739

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 05-061-06856-00 6. County: KIOWA
7. Well Name: APC-TALLMAN Well Number: 2-3
8. Location: QtrQtr: SENE Section: 3 Township: 18S Range: 45W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 605 feet Direction: FEL
As Drilled Latitude: 38.522000 As Drilled Longitude: -102.439010

GPS Data:

Data of Measurement: 03/22/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Keith Westfall High Prai

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: TROOPER NORTH 10. Field Number: 83976

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/05/2011 13. Date TD: 03/18/2011 14. Date Casing Set or D&A: 03/19/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5057 TVD _____ 17 Plug Back Total Depth MD 4951 TVD _____

18. Elevations GR 3991 KB 4002

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/PE; DIL; MEL & Sonic

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	24	0	326	265	0	326	CALC
1ST	7+7/8	5+1/2	14	0	4,997	200	2,810	4,997	CBL

ADDITIONAL CEMENT

Cement work date: 03/24/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,440	450	0	2,440

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	
STONE CORRAL	2,410	2,445	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	3,538		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,732		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,756		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,129		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,202		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,260		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,392		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,509		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,642		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,684		<input checked="" 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: _____ Email: mshreve@mulldrilling.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400153610	PDF-DUAL INDUCTION
400153615	PDF-MICROLOG
400153616	PDF-SONIC
400153617	PDF-
400153619	DST ANALYSIS
400153620	DST ANALYSIS
400153621	DST ANALYSIS
400153622	DST ANALYSIS
400153624	DST ANALYSIS
400153626	DST ANALYSIS
400153628	OTHER
400153629	CEMENT JOB SUMMARY

Total Attach: 12 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)