

FORM
5A

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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Document Number:

400151741

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: 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
9. Field Name: TROOPER NORTH Field Code: 83976

Completed Interval

FORMATION: <u>MARMATON</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: <u>04/08/2011</u>	
Perforations	Top: <u>4204</u>	Bottom: <u>4209</u>	No. Holes: <u>20</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>04/11/2011</u>	Hours: <u>24</u>	Bbls oil: <u>86</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>3</u>
Calculated 24 hour rate:		Bbls oil: <u>86</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>3</u> GOR: _____
Test Method: <u>Pump</u>	Casing PSI: _____	Tubing PSI: <u>100</u>	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>39</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>4364</u>	Tbg setting date: <u>04/06/2011</u>	Packer Depth: _____
Reason for Non-Production: _____ _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: MISSISSIPPIAN-ST LOUIS Status: DRY AND ABANDONED

Treatment Date: 04/05/2011 Date of First Production this formation: _____

Perforations Top: 4857 Bottom: 4861 No. Holes: 16 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

250 gal 15% MCA

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/05/2011 Hours: 2 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 2

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 30 GOR: _____

Test Method: Swab Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Wet

Date formation Abandoned: 04/05/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 4830 Sacks cement on top: 2

FORMATION: MISSISSIPPIAN-SPERGEN Status: DRY AND ABANDONED

Treatment Date: 04/01/2011 Date of First Production this formation: _____

Perforations Top: 4881 Bottom: 4885 No. Holes: 16 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

250 gal 15% MCA and 1500 gal 20% NEFE

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/01/2011 Hours: 2 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 5

Calculated 24 hour rate: _____ Bbls oil: 1 Mcf Gas: 0 Bbls H2O: 60 GOR: _____

Test Method: Swab Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Wet

Date formation Abandoned: 04/05/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 4872 Sacks cement on top: 2

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: 4/11/2011 Email: mshreve@mulldrilling.com

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400153673	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)