

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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COMPLETED INTERVAL REPORT

Document Number:

400151741

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: MARMATON Status: PRODUCING
 Treatment Date: _____ Date of First Production this formation: 04/08/2011
 Perforations Top: 4204 Bottom: 4209 No. Holes: 20 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 04/11/2011 Hours: 24 Bbls oil: 86 Mcf Gas: 0 Bbls H2O: 3
 Calculated 24 hour rate: _____ Bbls oil: 86 Mcf Gas: 0 Bbls H2O: 3 GOR: _____
 Test Method: Pump Casing PSI: _____ Tubing PSI: 100 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 39
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 4364 Tbg setting date: 04/06/2011 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: _____

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)