


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2111754</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>61250</u>		4. Contact Name: <u>NANCY TIMM</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>67206-66</u>					
5. API Number <u>05-017-07042-00</u>		6. County: <u>CHEYENNE</u>					
7. Well Name: <u>NW ARAPAHOE UT (NWAU)</u>		Well Number: <u>21</u>					
8. Location: QtrQtr: <u>NENW</u>	Section: <u>33</u>	Township: <u>13S</u>	Range: <u>42W</u> Meridian: <u>6</u>				
9. Field Name: <u>ARAPAHOE</u>		Field Code: <u>2875</u>					
<u>Completed Interval</u>							
FORMATION: <u>MORROW</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>01/27/2011</u>		Date of First Production this formation: <u>01/28/2011</u>					
Perforations Top: <u>5200</u>	Bottom: <u>5208</u>	No. Holes: <u>32</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							
<b>Test Information:</b>							
Date: <u>02/01/2011</u>	Hours: <u>24</u>	Bbls oil: <u>70</u>	Mcf Gas: <u>110</u> Bbls H2O: <u>52</u>				
Calculated 24 hour rate: _____		Bbls oil: <u>70</u>	Mcf Gas: <u>110</u> Bbls H2O: <u>52</u> GOR: <u>1571</u>				
Test Method: <u>BARREL</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
Gas Disposition: <u>RE-INJECTED</u>	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5124</u>	Tbg setting date: <u>01/28/2011</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: _____							
Comment: _____							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>NANCY I TRIMM</u>					
Title: <u>SR. ENG &amp; PROD TECHNICIAN</u>	Date: <u>2/11/2011</u>	Email <u>NTIMM@MULLDRILLING.COM</u>					

**Attachment Check List**

Att Doc Num	Name
2111754	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)