

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		<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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">2111754</div>				

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: <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>	

Completed Interval

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	
Test Information:	
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: NANCY I TRIMM

Title: SR. ENG & PROD TECHNICIAN Date: 2/11/2011 Email: NTIMM@MULLDRILLING.COM

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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)