

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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Document Number:
400159617

DRILLING COMPLETION REPORT

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
2. Name of Operator: MULL DRILLING COMPANY INC
3. Address: 1700 N WATERFRONT PKWY B#1200
City: WICHITA State: KS Zip: 67206-
4. Contact Name: Mark Shreve
Phone: (316) 264-6366
Fax: (316) 264-6440

5. API Number 05-061-06855-00
6. County: KIOWA
7. Well Name: APC-SCHERLER Well Number: 1-15
8. Location: QtrQtr: SWNE Section: 15 Township: 17S Range: 45W Meridian: 6
Footage at surface: Distance: 1885 feet Direction: FNL Distance: 1424 feet Direction: FEL
As Drilled Latitude: 38.579620 As Drilled Longitude: -102.440270

GPS Data:

Date of Measurement: 04/21/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Keith Westfall

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/22/2011 13. Date TD: 04/05/2011 14. Date Casing Set or D&A: 04/06/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5380 TVD** 17 Plug Back Total Depth MD 5380 TVD**

18. Elevations GR 4117 KB 4128

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; Micro and 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

ADDITIONAL CEMENT

Cement work date:

Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
HEEBNER	3,956		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,984		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,408		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,484		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,548		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,844		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,964		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,046		<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: 4/28/2011 Email: mshreve@mulldrilling.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	SUBSEQUENT FORM 6 IN PROCESS.	7/14/2011 3:10:37 PM

Total: 1 comment(s)