

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:

2587305

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: NANCY I. TIMM  
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-

5. API Number 05-073-06304-00 6. County: LINCOLN  
7. Well Name: VICK A Well Number: 1-9  
8. Location: QtrQtr: SESW Section: 9 Township: 12S Range: 52W Meridian: 6  
9. Field Name: METEOR Field Code: 54750

Completed Interval

FORMATION: MORROW Status: PRODUCING  
Treatment Date: 06/06/2011 Date of First Production this formation: 06/30/2003  
Perforations Top: 6746 Bottom: 6758 No. Holes: 48 Hole size:             
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/21/2011 Hours: 24 Bbls oil: 13 Mcf Gas: 0 Bbls H2O: 6  
Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 0 Bbls H2O: 6 GOR:             
Test Method: BARREL Casing PSI: 43 Tubing PSI:            Choke Size:             
Gas Disposition:            Gas Type:            BTU Gas: 0 API Gravity Oil: 38  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6829 Tbg setting date: 06/06/2011 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:           

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. TIMM

Title: SR. ENG. Date: 7/8/2011 Email: NTIMM@MULLDRILLING.COM

### Attachment Check List

Att Doc Num	Name
2587305	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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