

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400195390

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: 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-

5. API Number 05-061-06862-00 6. County: KIOWA
7. Well Name: WF-MICHEL "A" Well Number: 1-30
8. Location: QtrQtr: Lot 1 Section: 30 Township: 18S Range: 45W Meridian: 6
9. Field Name: BRANDON Field Code: 7500

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING

Treatment Date: 08/01/2011 Date of First Production this formation: 08/16/2011

Perforations Top: 4816 Bottom: 4824 No. Holes: 4 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

8/1/11: ACIDIZED W/500 GAL 15% MCA.
8/2/11: ACIDIZED W/1000 GAL 15% HCL
8/3/11: ACIDIZED W/3000 GAL 20% HCL

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/23/2011 Hours: 24 Bbls oil: 19 Mcf Gas: 0 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 19 Mcf Gas: 0 Bbls H2O: 1 GOR: 0

Test Method: Pumping Casing PSI: 0 Tubing PSI: 30 Choke Size:

Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4860 Tbg setting date: 08/04/2011 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: MARK SHREVE

Title: PRESIDENT/COO Date: 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
400199265	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)