

FORM
5Rev
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:

400171871

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

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 05-061-06852-00

6. County: KIOWA

7. Well Name: JETTIE

Well Number: 1-34

8. Location: QtrQtr: NENW Section: 34 Township: 18S Range: 45W Meridian: 6

Footage at surface: Distance: 658 feet Direction: FNL Distance: 1621 feet Direction: FWL

As Drilled Latitude: 38.453160 As Drilled Longitude: -102.449500

GPS Data:

Data of Measurement: 06/03/2011 PDOP Reading: 2.4 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: CAVALRY

10. Field Number: 10340

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/03/2011 13. Date TD: 05/15/2011 14. Date Casing Set or D&A: 05/16/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 4907 TVD** 17 Plug Back Total Depth MD 4870 TVD**

18. Elevations GR 3907 KB 3918

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:

BHC SONIC CALIPER LOG GAMMA RAY
HIGH RESOLUTION INDUCTION
COMPENSATED DENSITY COMPENSATED NEUTRON MICROLOG

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
SURF	12+1/4	8+5/8	24	0	347	265	0	347	CALC
1ST	7+7/8	5+1/2	14	0	4,898	230	3,170	4,898	CBL

ADDITIONAL CEMENT

Cement work date: 05/19/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,290	430	0	2,290

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	
SHAWNEE	3,400		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,602		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,626		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,012		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,094		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,150		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,284		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,418		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,566		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,594		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WARSAW	4,794		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	4,858		<input 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: 6/15/2011 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400175293	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400175114	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400171871	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400175172	PDF-DUAL INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400175176	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400175177	PDF-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)