

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



DE ET OE ES

Document Number:
400199577

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 05-061-06853-00
6. County: KIOWA
7. Well Name: APC-TENNELL Well Number: 1-33
8. Location: QtrQtr: NENW Section: 33 Township: 17S Range: 45W Meridian: 6
Footage at surface: Distance: 1204 feet Direction: FNL Distance: 1798 feet Direction: FWL
As Drilled Latitude: 38.538220 As Drilled Longitude: -102.466360

GPS Data:

Date of Measurement: 08/09/2011 PDOP Reading: 1.8 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) 07/23/2011 13. Date TD: 08/04/2011 14. Date Casing Set or D&A: 08/05/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5214 TVD** 17 Plug Back Total Depth MD 5102 TVD**

18. Elevations GR 3998 KB 4009

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; MEL & 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
SURF	12+1/4	8+5/8	24	0	335	265	0	335	CALC
1ST	7+7/8	5+1/2	14	0	5,145	205	3,790	5,145	CBL

ADDITIONAL CEMENT

Cement work date: 08/17/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,435	425	0	2,435

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	3,583		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,787		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,815		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,217		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,312		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,374		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,530		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,679		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,852		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,877		<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: 8/31/2011 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400201401	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"/>
400201202	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>			
400199577	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400201208	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400201209	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400201210	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400201212	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC LOGS DOC#1670199-202	9/6/2011 8:35:16 AM
Permit	waiting on logs	9/1/2011 7:11:36 AM

Total: 2 comment(s)