

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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COMPLETED INTERVAL REPORT

Document Number:

400204849

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: <u>61250</u>	4. Contact Name: <u>MARK SHREVE</u>
2. Name of Operator: <u>MULL DRILLING COMPANY INC</u>	Phone: <u>(316) 264-6366</u>
3. Address: <u>1700 N WATERFRONT PKWY B#1200</u>	Fax: <u>(316) 264-6440</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</u>	

5. API Number <u>05-061-06853-00</u>	6. County: <u>KIOWA</u>
7. Well Name: <u>APC-TENNELL</u>	Well Number: <u>1-33</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>33</u> Township: <u>17S</u> Range: <u>45W</u> Meridian: <u>6</u>	
9. Field Name: <u>TONTO</u> Field Code: <u>82600</u>	

Completed Interval

FORMATION: FORT SCOTT Status: PRODUCING

Treatment Date: 08/25/2011 Date of First Production this formation: 09/01/2011

Perforations Top: 4313 Bottom: 4321 No. Holes: 32 Hole size: _____

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

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/07/2011 Hours: 24 Bbls oil: 65 Mcf Gas: 100 Bbls H2O: 6

Calculated 24 hour rate: _____ Bbls oil: 65 Mcf Gas: 100 Bbls H2O: 6 GOR: 1538

Test Method: Pumping Casing PSI: 150 Tubing PSI: 190 Choke Size: _____

Gas Disposition: VENTED Gas Type: WET BTU Gas: 0 API Gravity Oil: 34

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4422 Tbg setting date: 08/25/2011 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: _____

FORMATION: MISSISSIPPIAN Status: PLUGGED AND ABANDONED

Treatment Date: 08/18/2011 Date of First Production this formation: _____

Perforations Top: 4878 Bottom: 5068 No. Holes: 288 Hole size: _____

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

8/18/11: PERF'D 5054' - 5068'. PUMPED 300 GAL 15% MCA.
8/19/11: PUMPED 300 GAL 15% MCA. 8/22/11: PERF'D 5022' - 5038'. CIBP SET @ 5046'. PUMPED 500 GAL 15% MCA.
8/23/11: PUT 2 SKS CEMENT ON CIBP @ 5046'. SET CIBP @ 5000'. PERF'D 4960' - 4966' AND 4878' - 4914'. ACIDIZED W/1000 GAL 15% MCA.
8/24/11: ACIDIZED W/2000 GAL 20% MCA.
8/25/11: PUT 2 SKS CEMENT ON CIBP @ 5000'. SET CIBP @ 4500' W/2 SKS CEMENT.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/25/2011 Hours: 1 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 7

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 164 GOR: _____

Test Method: Swab Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Wet

Date formation Abandoned: 08/25/2011 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: 9/13/2011 Email MSHREVE@MULLDRILLING.COM
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Attachment Check List

Att Doc Num	Name
400204849	FORM 5A SUBMITTED
400205001	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)