

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:

400215071

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 05-061-06864-00

6. County: KIOWA

7. Well Name: APC-TALLMAN

Well Number: 3-3

8. Location: QtrQtr: NESE Section: 3 Township: 18S Range: 45W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 38.518400 As Drilled Longitude: -102.439320

GPS Data:

Date of Measurement: 10/16/2011 PDOP Reading: 3.1 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: TROOPER NORTH

10. Field Number: 83976

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/20/2011 13. Date TD: 10/03/2011 14. Date Casing Set or D&A: 10/04/2011

15. Well Classification:

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

16. Total Depth MD 4990 TVD** 17 Plug Back Total Depth MD 4931 TVD**

18. Elevations GR 3985 KB 3996

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
SONIC
MICRO

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	353	265	0	353	CALC
1ST	7+7/8	5+1/2	14	0	4,985	200	3,636	4,985	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/10/2011

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,415	300	0	2,415

Details of work:

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	3,532		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,732		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,753		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,136		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,216		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,273		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,406		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,534		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,674		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,724		<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 SHREVETitle: PRESIDENT/COO Date: _____ Email: MSHREVE@MULLDRILLING.COM

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)