

**DRILLING COMPLETION REPORT**

Document Number:  
400227262

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 05-017-07706-00 6. County: CHEYENNE  
 7. Well Name: APC-MEDFORD STATE UNIT Well Number: 1-9  
 8. Location: QtrQtr: SESE Section: 9 Township: 16S Range: 46W Meridian: 6  
 Footage at surface: Distance: 398 feet Direction: FSL Distance: 1083 feet Direction: FEL  
 As Drilled Latitude: 38.672340 As Drilled Longitude: -102.569940

GPS Data:  
 Date of Measurement: 11/11/2011 PDOP Reading: 2.8 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: 8572.5

12. Spud Date: (when the 1st bit hit the dirt) 10/25/2011 13. Date TD: 11/07/2011 14. Date Casing Set or D&A: 11/08/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5500 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_

18. Elevations GR 4202 KB 4213 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	526	360	0	526	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	3,833		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,042		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,090		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,553		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,624		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,790		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,951		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,133		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,154		<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: \_\_\_\_\_ 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)