

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:

400227262

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 05-017-07706-00

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:

Data 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)