

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400343793

Date Received:

11/28/2012

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 05-061-06877-00

6. County: KIOWA

7. Well Name: SAT UNIT

Well Number: 1-14

8. Location: QtrQtr: SWSW Section: 14 Township: 17S Range: 45W Meridian: 6

Footage at surface: Distance: 1251 feet Direction: FSL Distance: 171 feet Direction: FWL

As Drilled Latitude: 38.573570 As Drilled Longitude: -102.434730

GPS Data:

Date of Measurement: 10/19/2012 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/01/2012 13. Date TD: 10/12/2012 14. Date Casing Set or D&A: 10/14/2012

15. Well Classification:

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

16. Total Depth MD 5300 TVD** 17 Plug Back Total Depth MD 5256 TVD**

18. Elevations GR 4101 KB 4112

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/DNL/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		0	354	265	0	354	CALC
1ST	7+7/8	5+1/2	14	3650	5,298	225	3,650	5,298	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/22/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,640	375	280	2,640

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	3,767		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,958		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,984		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,356		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,446		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,506		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,633		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,764		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,883		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,950		<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: 11/28/2012 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400351143	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"/>
400351145	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>		
2518078	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400343793	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351147	CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351148	CBL 2ND RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351150	DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351152	MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351154	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400351155	SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator provided triple combination LAS.	11/30/2012 2:55:11 PM
Permit	Missing LAS logs.	11/30/2012 2:24:34 PM

Total: 2 comment(s)