

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

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

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 9. Field Name: Field Code:

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING Treatment Type: ACID JOB Treatment Date: 10/24/2012 End Date: 10/24/2012 Date of First Production this formation: 11/01/2012 Perforations Top: 5138 Bottom: 5144 No. Holes: 24 Hole size: Provide a brief summary of the formation treatment: Open Hole: [ ]

PUMPED 250 GAL 15% MCA

This formation is commingled with another formation: [ ] Yes [X] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/08/2012 Hours: 24 Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 38 Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 38 GOR: 0 Test Method: PUMPING Casing PSI: 0 Tubing PSI: 50 Choke Size: Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 38 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5198 Tbg setting date: 10/26/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 5251 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

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  
:

**Attachment Check List**

Att Doc Num	Name
400359104	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)