

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

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



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Document Number:

400252122

Date Received:

01/17/2013

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 05-061-06867-00  
6. County: KIOWA  
7. Well Name: MCBRIDE-MICHEL "A"  
Well Number: 1-31  
8. Location: QtrQtr: NWNE Section: 31 Township: 18S Range: 45W Meridian: 6  
9. Field Name: BRANDON Field Code: 7500

Completed Interval

FORMATION: MORROW Status: SHUT IN Treatment Type: ACID JOB  
Treatment Date: 10/09/2012 End Date: 10/10/2012 Date of First Production this formation:  
Perforations Top: 4400 Bottom: 4410 No. Holes: 40 Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ 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: 11/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 175 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 175 Bbl H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 168 Tubing PSI: 166 Choke Size: 1/4  
Gas Disposition: VENTED Gas Type: WET Btu Gas: 1321 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4384 Tbg setting date: 10/10/2012 Packer Depth: 4384  
Reason for Non-Production: Waiting on pipeline connection.  
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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: 1/17/2013 Email MSHREVE@MULLDRILLING.COM  
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### Attachment Check List

Att Doc Num	Name
400252122	FORM 5A SUBMITTED
400371496	WELLBORE DIAGRAM
400371497	OTHER

Total Attach: 3 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)