

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:

400389269

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: Nancy Timm
Phone: (316) 264-6366
Fax: (316) 264-6440

5. API Number 05-017-06871-00
6. County: CHEYENNE
7. Well Name: NW ARAPAHOE UT
Well Number: 15
8. Location: QtrQtr: SWSW Section: 32 Township: 13S Range: 42W Meridian: 6
9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 02/13/2013
Perforations Top: 5274 Bottom: 5278 No. Holes: 20 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: 02/23/2013 Hours: 24 Bbl oil: 13 Mcf Gas: 186 Bbl H2O: 3
Calculated 24 hour rate: Bbl oil: 13 Mcf Gas: 186 Bbl H2O: 3 GOR: 14307
Test Method: Test Meter Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: RE-INJECTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 41
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
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: Nancy I. Timm

Title: Sr. Eng. & Prod. Tech. Date: _____ Email: ntimm@mulldrilling.com
:

Attachment Check List

Att Doc Num	Name
400389269	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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