

FORM
5ARev
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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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 4. Contact Name: Nancy Timm
 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 05-017-06281-00 6. County: CHEYENNE
 7. Well Name: MULL UNIT Well Number: 12
 8. Location: QtrQtr: SENE Section: 4 Township: 14S Range: 49W Meridian: 6
 9. Field Name: SORRENTO Field Code: 77725

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/18/1980
 Perforations Top: 5512 Bottom: 5522 No. Holes: 40 Hole size: 1/2
 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: 02/20/2013 Hours: 24 Bbl oil: 50 Mcf Gas: 107 Bbl H2O: 1
 Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 107 Bbl H2O: 1 GOR: 2140
 Test Method: Test Meter Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: RE-INJECTED Gas Type: DRY Btu Gas: 1450 API Gravity Oil: 41
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5610 Tbg setting date: 03/07/2013 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

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)