

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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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 05-017-06281-00 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: 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: 5/17/2013 Email: ntimmm@mulldrilling.com
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Attachment Check List

Att Doc Num	Name
400420269	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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