

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400483198 Date Received: 09/23/2013

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 05-017-07755-00 6. County: CHEYENNE 7. Well Name: APC-BAUGHMAN UNIT Well Number: 1-35 8. Location: QtrQtr: SWSW Section: 35 Township: 16S Range: 45W Meridian: 6 9. Field Name: LOMA Field Code: 51350

Completed Interval

FORMATION: LANSING Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 08/23/2013

Perforations Top: 4310 Bottom: 4316 No. Holes: 24 Hole size: 52/100

Provide a brief summary of the formation treatment: Open Hole: []

No treatment

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: 09/13/2013 Hours: 24 Bbl oil: 55 Mcf Gas: 0 Bbl H2O: 67

Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 0 Bbl H2O: 67 GOR: 0

Test Method: Pumping Casing PSI: 0 Tubing PSI: 40 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 34

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5187 Tbg setting date: 08/19/2013 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.

FORMATION: MISSISSIPPIAN-SPERGEN Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
 Treatment Date: 08/15/2013 End Date: 08/16/2013 Date of First Production this formation: _____
 Perforations Top: 5296 Bottom: 5310 No. Holes: 30 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:

ACIDIZED W/1500 GAL MOD 202

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: 08/15/2013 Hours: 1 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 4
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 96 GOR: 0
 Test Method: Swab Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: NON-COMMERCIAL, WET.

Date formation Abandoned: 08/22/2013 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 5250 ** Sacks cement on top: _____ ** 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: 9/23/2013 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Name
400483198	FORM 5A SUBMITTED
400483991	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received requested information	9/25/2013 2:37:36 PM
Permit	Requested hole size on perms. Was there any treatment?	9/25/2013 7:09:09 AM

Total: 2 comment(s)