

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400474767

Date Received:

09/05/2013

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 61250

4. Contact Name: MARK SHREVE

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 05-017-07755-00

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

Footage at surface: Distance: 660 feet Direction: FSL Distance: 330 feet Direction: FWL

As Drilled Latitude: 38.616670 As Drilled Longitude: -102.436740

GPS Data:

Date of Measurement: 08/05/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: KEITH WESTFALL

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/19/2013 13. Date TD: 08/02/2013 14. Date Casing Set or D&A: 08/03/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5492 TVD** 17 Plug Back Total Depth MD 5367 TVD**

18. Elevations GR 4218 KB 4229

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CDL/CNL/PE
DIL
MEL
SONIC

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	651	425	0	651	CALC
1ST	7+7/8	5+1/2	15.5	0	5,491	230	3,700	5,491	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/13/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,734	400	1,060	3,530

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHAWNEE	3,838		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,034		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,059		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,464		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,566		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,621		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,782		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,926		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,046		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,264		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,443		<input type="checkbox"/>	<input type="checkbox"/>	

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: 9/5/2013 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400475351	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400475343	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400474767	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400475333	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400475338	PDF-MICROLOG	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400475339	PDF-DUAL INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400475340	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400475341	PDF-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)