

**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.

Document Number:  
400474767

Date Received:  
09/05/2013

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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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

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

Total: 0 comment(s)