

FORM
5

Rev
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



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Document Number:

2429808

Date Received:

08/19/2013

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 05-017-07743-00 6. County: CHEYENNE
 7. Well Name: TALLMAN FARMS B Well Number: 1-30
 8. Location: QtrQtr: LOT 9 Section: 30 Township: 16S Range: 44W Meridian: 6
 Footage at surface: Distance: 1660 feet Direction: FNL Distance: 1107 feet Direction: FWL
 As Drilled Latitude: 38.639520 As Drilled Longitude: -102.397300

GPS Data:
Date of Measurement: 07/25/2013 PDOP Reading: 2.2 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: LOMA 10. Field Number: 51350
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/15/2013 13. Date TD: 06/30/2013 14. Date Casing Set or D&A: 07/01/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5560 TVD** _____ 17 Plug Back Total Depth MD 5506 TVD** _____

18. Elevations GR 4287 KB 4298 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: MEL; SONIC; DIL

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		0	315	240	0	315	CALC
1ST	7+7/8	5+1/2		0	5,557	230	3,725	5,557	CBL
2ND				0	2,867	310	0	2,867	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	2,867	325	2,360	2,867

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	3,975		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,176		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,205		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,604		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,690		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,755		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,904		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,026		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,361		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES: FORMATION NAME: PLEASANTON NOT OFFERED ON SYSTEM.
PLEASANTON: MEASURED DEPTH TOP: 4566.

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 Date: 8/15/2013 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2429810	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"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2429808	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2429809	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2429811	DST REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2429812	DST REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2429813	DST REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2429814	DST REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2429815	DST REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: FORMATION NAME PLEASANTON NOT OFFERED BY SYSTEM. PLEASANTON: MEASURED DEPTH TOP: 4566	8/26/2013 12:07:05 PM

Total: 1 comment(s)