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Document Number:
400492237

Date Received:
10/09/2013

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 05-061-06867-00 6. County: KIOWA
 7. Well Name: MCBRIDE-MICHEL "A" Well Number: 1-31
 8. Location: QtrQtr: NWNE Section: 31 Township: 18S Range: 45W Meridian: 6
 Footage at surface: Distance: 605 feet Direction: FNL Distance: 2400 feet Direction: FEL
 As Drilled Latitude: 38.452890 As Drilled Longitude: -102.499520

GPS Data:
 Date of Measurement: 03/01/2012 PDOP Reading: 3.4 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: BRANDON 10. Field Number: 7500
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/12/2012 13. Date TD: 01/28/2012 14. Date Casing Set or D&A: 01/29/2012

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

16. Total Depth MD 4918 TVD** _____ 17 Plug Back Total Depth MD 4753 TVD** _____

18. Elevations GR 3904 KB 3915 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	355	265	0	355	CALC
1ST	7+7/8	4+1/2	11.6	0	4,801	275	3,155	4,801	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/10/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,233	350	0	2,233

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	3,382		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,579		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,610		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	3,989		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,127		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,266		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,397		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,602		<input checked="" 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: TANNIS TRITT

Title: EXECUTIVE ASSISTANT Date: 10/9/2013 Email: TTRITT@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400492269	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"/>
400492266	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"/>
Other Attachments			
400492237	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400492259	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400492262	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400492263	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400492264	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400492265	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)