

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:

400534908

Date Received:

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 05-017-07775-00

6. County: CHEYENNE

7. Well Name: APC-WAYNE

Well Number: 1-35

8. Location: QtrQtr: NESE Section: 35 Township: 16S Range: 45W Meridian: 6

Footage at surface: Distance: 1686 feet Direction: FSL Distance: 1056 feet Direction: FEL

As Drilled Latitude: 38.619600 As Drilled Longitude: -102.423230

GPS Data:

Date of Measurement: 12/13/2013 PDOP Reading: 3.2 GPS Instrument Operator's Name: ELIJAH FRANE

** 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) 11/26/2013 13. Date TD: 12/10/2013 14. Date Casing Set or D&A: 12/11/2013

15. Well Classification:

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

16. Total Depth MD 5482 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4255 KB 4266

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 | 352 | 315 | 0 | 352 | CALC |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

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 | |
| DAKOTA | 1,422 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CHEYENNE | 1,565 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| BLAINE | 2,302 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| STONE CORRAL | 2,819 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHAWNEE | 3,951 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HEEBNER | 4,151 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| LANSING | 4,167 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| MARMATON | 4,570 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| FORT SCOTT | 4,663 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CHEROKEE | 4,726 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ATOKA | 4,886 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MORROW | 5,013 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| KEYES | 5,139 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MISSISSIPPIAN | 5,174 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| SPERGEN | 5,296 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| WARSAW | 5,420 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| HARRISON | 5,446 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| OSAGE | 5,458 | | <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: TANNIS TRITT

Title: EXECUTIVE ASSISTANT

Date: _____

Email: TTRITT@MULLDRILLING.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> | | |
| 400534927 | 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"/> |
| 400534952 | 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> | | |
| 400534916 | PDF-DUAL INDUCTION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400534917 | PDF-MICROLOG | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400534918 | PDF-DENSITY/NEUTRON | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400534919 | 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)