

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:

400544316

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 05-017-07776-00

6. County: CHEYENNE

7. Well Name: DICKEY A

Well Number: 1-14

8. Location: QtrQtr: Lot 7 Section: 14 Township: 16S Range: 45W Meridian: 6

Footage at surface: Distance: 1927 feet Direction: FNL Distance: 1119 feet Direction: FEL

As Drilled Latitude: 38.667450 As Drilled Longitude: -102.424030

## GPS Data:

Data of Measurement: 01/15/2014 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) 12/12/2013 13. Date TD: 01/05/2014 14. Date Casing Set or D&amp;A: 01/06/2014

## 15. Well Classification:

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

16. Total Depth MD 5562 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 4368 KB 4379

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  
SONIC  
MEL

## 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	647	460	0	647	CALC
1ST	7+7/8	5+1/2	15.5	0	5,561	225	3,900	5,561	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 01/06/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	STAGE TOOL	2,983	380	0	2,983

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	
FORT HAYS	1,068		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,560		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	1,653		<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,418		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	2,969		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,065		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	4,262		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,314		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,665		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,748		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,804		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,930		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,060		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,183		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-ST LOUIS	5,216		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,376		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WARSAW	5,474		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,514		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,529		<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 TRITTTitle: EXECUTIVE ASSISTANT

Date: \_\_\_\_\_

Email: TTRITT@MULLDRILLING.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400545217	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"/>
400545219	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>		
400544351	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400544353	PDF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400544354	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400544355	PDF-SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400544357	PDF-CEMENT BOND	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)