

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:
 Date 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&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 TRITT

Title: EXECUTIVE ASSISTANT

Date: _____

Email: TTRITT@MULLDRILLING.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| Attachment Checklist | | | |
| 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"/> |
| Other Attachments | | | |
| 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)