

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 61250 2. Name of Operator: MULL DRILLING COMPANY INC 3. Address: 1700 N WATERFRONT PKWY B#1200 City: WICHITA State: KS Zip: 67206- 4. Contact Name: MARK SHREVE Phone: (316) 264-6366 Fax: (316) 264-6440 Email: MSHREVE@MULLDRILLING.COM

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 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WARSAW Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 01/22/2014 End Date: 02/19/2014 Date of First Production this formation: 03/04/2014

Perforations Top: 5474 Bottom: 5490 No. Holes: 64 Hole size: 0.52

Provide a brief summary of the formation treatment: Open Hole: [X]

Acidized /750 gal 15% MCA

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/25/2014 Hours: 24 Bbl oil: 15 Mcf Gas: 0 Bbl H2O: 229 Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 0 Bbl H2O: 229 GOR: 0 Test Method: Pumping Casing PSI: 0 Tubing PSI: 40 Choke Size: Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 38 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5488 Tbg setting date: 02/20/2014 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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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/COO Date: _____ Email: MSHREVE@MULLDRILLING.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400579721	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)