

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: ☒

Acidized /750 gal 15% MCA

This formation is commingled with another formation: ☐ Yes ☒ 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

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Attachment Check List

Att Doc Num

Name

400579721

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)