

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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Document Number:

400614957

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 05-017-06902-00  
6. County: CHEYENNE  
7. Well Name: NW ARAPAHOE UT (NWAU)  
Well Number: 12  
8. Location: QtrQtr: SWSW Section: 31 Township: 13S Range: 42W Meridian: 6  
9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 10/19/1988  
Perforations Top: 5228 Bottom: 5244 No. Holes: 64 Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☐  
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: 05/25/2014 Hours: 24 Bbl oil: 41 Mcf Gas: 42 Bbl H2O: 264  
Calculated 24 hour rate: Bbl oil: 41 Mcf Gas: 42 Bbl H2O: 264 GOR: 1024  
Test Method: Pumping Casing PSI: 75 Tubing PSI: Choke Size:  
Gas Disposition: RE-INJECTED Gas Type: Btu Gas: 739 API Gravity Oil: 40  
Tubing Size: 2 + 7/8 Tubing Setting Depth: Tbg setting date: 05/23/2014 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: Risa Carter

Title: Production Tech. Date: \_\_\_\_\_ Email: rcarter@mulldrilling.com  
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### Attachment Check List

Att Doc Num      Name

400615056	WELLBORE DIAGRAM
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Total Attach: 1 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)