

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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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 05-017-07772-00
6. County: CHEYENNE
7. Well Name: GERWECK
Well Number: 1-4
8. Location: QtrQtr: NWNW Section: 4 Township: 14S Range: 44W Meridian: 6
9. Field Name: CHEYENNE WELLS Field Code: 11050

Completed Interval

FORMATION: MISSISSIPPIAN-ST LOUIS Status: DRY AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 01/07/2014 End Date: 01/10/2014 Date of First Production this formation:
Perforations Top: 5298 Bottom: 5380 No. Holes: 92 Hole size: 0.52
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: 01/10/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 2
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 38 GOR: 0
Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: HIGH WATER CUT

Date formation Abandoned: 01/13/2014 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 5280 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: MISSISSIPPIAN-SPERGEN Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 12/31/2013 End Date: 01/02/2014 Date of First Production this formation: _____

Perforations Top: 5438 Bottom: 5454 No. Holes: 48 Hole size: 0.052

Provide a brief summary of the formation treatment: _____ Open Hole:

Perfed 5446-5454 No treatment. Swabed 4 BW in three hours. Bridge plug set at 5443 with 2 sacks on 12/30/2013
Perfed 5438-5442, 250 GAL 15% MCA & 1,000 GAL MOD-202. Swabed 90 BBLS of water. See below for abandonment.

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: 01/03/2014 Hours: 4 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 15

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 90 GOR: _____

Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: HIGH WATER CUT

Date formation Abandoned: 01/06/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5422 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SHAWNEE Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
 Treatment Date: 02/03/2014 End Date: 02/12/2014 Date of First Production this formation: _____
 Perforations Top: 4140 Bottom: 4186 No. Holes: 56 Hole size: 0.52
 Provide a brief summary of the formation treatment: _____ Open Hole:

600 GAL 15% MCA + 250 GAL 15% NEFE

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 850 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): 600 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: 03/05/2014 Hours: 9 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 132
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 352 GOR: _____
 Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: EVALUATING ECONOMICS
 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:

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: 3/27/2014 Email: MSHREVE@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Name
400574161	FORM 5A SUBMITTED
400580041	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)