

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400567901

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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 05-017-06933-00
6. County: CHEYENNE
7. Well Name: NW ARAPAHOE UNIT (NWAU)
Well Number: 11
8. Location: QtrQtr: NESE Section: 36 Township: 13S Range: 43W Meridian: 6
9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type:
Treatment Date: 02/10/2014 End Date: 02/10/2014 Date of First Production this formation: 12/17/1988
Perforations Top: 5216 Bottom: 5250 No. Holes: 184 Hole size: 0.52

Provide a brief summary of the formation treatment: Open Hole:
02/10/2014 Added perms higher in the Morrow from 5216' - 5232' (4 spf). no stimulation.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

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 Technician Date: 3/7/2014 Email rcarter@mulldrilling.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400567901	FORM 5A SUBMITTED
400567938	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	No stimulation. Updated with date of reperf.	7/16/2014 11:37:28 AM
Permit	Requested date work was done and any stimulation info if performed.	7/16/2014 8:50:40 AM
Permit	Operator added additional perms. Requested in the future an intent sundry prior to doing the work.	7/16/2014 8:47:26 AM

Total: 3 comment(s)