

FORM  
5Rev  
09/14

## State of Colorado

## Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400702958

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 61250

Contact Name: Mark Shreve

Name of Operator: MULL DRILLING COMPANY INC

Phone: (316) 264-6366

Address: 1700 N WATERFRONT PKWY B#1200

Fax: (316) 264-6440

City: WICHITA State: KS Zip: 67206-

API Number 05-017-07795-00

County: CHEYENNE

Well Name: CHAMPLIN-ALDRICH "A"

Well Number: #7

Location: QtrQtr: NESE Section: 33 Township: 13S Range: 44W Meridian: 6

Footage at surface: Distance: 1982 feet Direction: FSL Distance: 900 feet Direction: FEL

As Drilled Latitude: 38.875620 As Drilled Longitude: -102.336330

## GPS Data:

Date of Measurement: 09/30/2014 PDOP Reading: 2.8 GPS Instrument Operator's Name: ELIJAH FRANE

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: CHEYENNE WELLS

Field Number: 11050

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/04/2014 Date TD: 09/15/2014 Date Casing Set or D&amp;A: 09/17/2014

Rig Release Date: 09/17/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 5510 TVD\*\* Plug Back Total Depth MD TVD\*\*

Elevations GR 4265 KB 4276 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

CDL/CNL/PE; DIL; MEL; &amp; SONIC

## CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	17+1/2	13+3/8	48	0	458	475	75	458	CALC
2ND	12+1/4	8+5/8	24	0	1,745	150	1,325	1,745	CALC
3RD	7+7/8	5+1/2	15.5	0	5,504	175	3,726	5,504	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/17/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	75	150	0	75
DV TOOL	S.C. 3.1	3,123	150	370	3,123

Details of work:

## FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
STONE CORRAL	3,088				
SHAWNEE	4,124				
HEEBNER	4,320				
LANSING	4,360				
MARMATON	4,714				
FORT SCOTT	4,800				
CHEROKEE	4,866				
ATOKA	5,013				
MORROW	5,146				
KEYES	5,243				
MISSISSIPPIAN	5,306				

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: TANNIS TRITT

Title: EXECUTIVE ASSISTANT Date: \_\_\_\_\_ Email: TTRITT@MULLDRILLING.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400715532	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400715520	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400702962	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702966	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702967	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702968	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702970	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

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

Total: 0 comment(s)