

FORM
5

Rev
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



Document Number:

400702958

Date Received:

10/23/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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&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; SONIC; CBL

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
1ST	12+1/4	8+5/8	24	0	1,745	150	1,325	1,745	CALC
2ND	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. 2.2	3,123	150	370	3,123

Details of work:

9/5/2014: top off job

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				

Operator Comments

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: 10/23/2014 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>			
2519438	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702958	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702962	DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702966	MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702967	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702968	SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400702970	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>
Permit	Attached provided CBL log.	11/4/2014 8:07:06 AM
Permit	Requested CBL log.	11/4/2014 7:14:44 AM

Total: 2 comment(s)