

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



Table with columns DE, ET, OE, ES

Document Number: 400738043

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 05-017-07036-00 6. County: CHEYENNE 7. Well Name: NW ARAPAHOE UT (NWAU) Well Number: 7 8. Location: QtrQtr: NESW Section: 25 Township: 13S Range: 43W Meridian: 6 9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: 11/04/2014 Perforations Top: 5210 Bottom: 5230 No. Holes: 80 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: 11/20/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 245 Bbl H2O: 2 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 245 Bbl H2O: 2 GOR: 0 Test Method: Flowing Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: 533 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5175 Tbg setting date: 11/19/2014 Packer Depth: 5175 Reason for Non-Production: Production sub-economic Date formation Abandoned: 11/21/2014 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 Tech. Date: _____ Email rcarter@mulldrilling.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400738173	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)