

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



Document Number:

400738983

Date Received:

12/05/2014

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 05-017-07799-00

County: CHEYENNE

Well Name: NORTHWEST ARAPAHOE

Well Number: 38

Location: QtrQtr: NWSW Section: 25 Township: 13S Range: 43W Meridian: 6

Footage at surface: Distance: 2070 feet Direction: FSL Distance: 659 feet Direction: FWL

As Drilled Latitude: 38.891760 As Drilled Longitude: -102.181880

GPS Data:

Date of Measurement: 11/25/2014 PDOP Reading: 2.6 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: ARAPAHOE

Field Number: 2875

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 10/25/2014 Date TD: 11/03/2014 Date Casing Set or D&A: 11/04/2014

Rig Release Date: 11/05/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5400 TVD** Plug Back Total Depth MD 5353 TVD**

Elevations GR 3988 KB 3999 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CDL/CNL/PE; DIL; MEL & 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	12+1/4	8+5/8	24	0	518	375	0	518	VISU
1ST	7+7/8	5+1/2	15.5	0	5,397	175	3,272	5,397	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/04/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	2,966	175	1,200	2,990

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	2,956		NO		
SHAWNEE	4,023		NO		
HEEBNER	4,230		NO		
LANSING	4,282		NO		
MARMATON	4,688		NO		
CHEROKEE	4,831		NO		
MORROW	5,132		NO		
KEYES	5,266		NO		
MISSISSIPPIAN	5,293		NO		

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: 12/5/2014 Email: TTRITT@MULLDRILLING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400744506	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"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" 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>		
2519527	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400738983	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400744475	CBL 1ST RUN	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400744476	DUAL INDUCTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400744477	MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400744478	SONIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400744483	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached triple combination log.	12/5/2014 2:29:54 PM
Permit	Missing all LAS logs.	12/5/2014 1:41:03 PM

Total: 2 comment(s)