

FORM
5ARev
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



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Document Number:

400762753

Date Received:

01/05/2015

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 4. Contact Name: MARK SHREVE
 2. Name of Operator: MULL DRILLING COMPANY INC Phone: (316) 264-6366
 3. Address: 1700 N WATERFRONT PKWY B#1200 Fax: (316) 264-6440
 City: WICHITA State: KS Zip: 67206- Email: MSHREVE@MULLDRILLING.COM

5. API Number 05-017-07795-00 6. County: CHEYENNE
 7. Well Name: CHAMPLIN-ALDRICH "A" Well Number: #7
 8. Location: QtrQtr: NESE Section: 33 Township: 13S Range: 44W Meridian: 6
 9. Field Name: CHEYENNE WELLS Field Code: 11050

Completed Interval

FORMATION: ST LOUIS Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 10/13/2014 End Date: 10/24/2014 Date of First Production this formation: 12/10/2014
 Perforations Top: 5348 Bottom: 5430 No. Holes: 176 Hole size: 0.52

Provide a brief summary of the formation treatment:

Open Hole: ☐4,000 GALS MCA & 4,000 GALS MOD-202This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 190

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): 190

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: 12/17/2014 Hours: 24 Bbl oil: 18 Mcf Gas: 0 Bbl H2O: 144
 Calculated 24 hour rate: Bbl oil: 18 Mcf Gas: 0 Bbl H2O: 144 GOR: _____
 Test Method: PUMPING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 35
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5441 Tbg setting date: 10/28/2014 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: TANNIS TRITT

Title: EXECUTIVE ASSISTANT

Date: 1/5/2015

Email TTRITT@MULLDRILLING.COM

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Attachment Check List

Att Doc Num

Name

400762753	FORM 5A SUBMITTED
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400763739	WELLBORE DIAGRAM
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Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit	Mississippian-St. Louis 5306' Mississippian-Spergen 5389' per operator.	1/6/2015 12:08:44 PM
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Permit	Requested formation breakdown of the Mississippian.	1/6/2015 10:54:56 AM
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Total: 2 comment(s)