

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400739005  Date Received:				
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: <u>61250</u> 2. Name of Operator: <u>MULL DRILLING COMPANY INC</u> 3. Address: <u>1700 N WATERFRONT PKWY B#1200</u> City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</u>	4. Contact Name: <u>MARK SHREVE</u> Phone: <u>(316) 264-6366</u> Fax: <u>(316) 264-6440</u> Email: <u>MSHREVE@MULLDRILLING.COM</u>
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5. API Number <u>05-017-07799-00</u> 7. Well Name: <u>NORTHWEST ARAPAHOE UNIT</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>25</u> Township: <u>13S</u> 9. Field Name: <u>ARAPAHOE</u> Field Code: <u>2875</u>	6. County: <u>CHEYENNE</u> Well Number: <u>38</u> Range: <u>43W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>MORROW</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>11/25/2014</u>	End Date: <u>11/25/2014</u>	Date of First Production this formation: <u>01/15/2015</u>
Perforations Top: <u>5230</u>	Bottom: <u>5238</u>	No. Holes: <u>32</u> Hole size: <u>0.52</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

Acidized w/500 gals 7 1/2% MCA

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: <input type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>01/21/2015</u>	Hours: <u>24</u>	Bbl oil: <u>31</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>32</u>
Calculated 24 hour rate:	Bbl oil: <u>31</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>32</u>	GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>40</u>	Tubing PSI: <u>40</u>	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>39</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5322</u>	Tbg setting date: <u>11/24/2014</u>	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:

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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  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400779006	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)