

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



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Document Number:

400824142

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 05-017-07776-00
6. County: CHEYENNE
7. Well Name: DICKEY A
Well Number: 1-14
8. Location: QtrQtr: Lot 7 Section: 14 Township: 16S Range: 45W Meridian: 6
9. Field Name: GOLDEN SPIKE Field Code: 30650

Completed Interval

FORMATION: MARMATON Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 4710 Bottom: 4716 No. Holes: 24 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: 05/01/2014 Hours: 5 Bbl oil: 0 Mcf Gas: 458 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2198 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 80 Choke Size:
Gas Disposition: VENTED Gas Type: WET Btu Gas: 932 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4684 Tbg setting date: 05/01/2014 Packer Depth:
Reason for Non-Production: ATTEMPTING TO FIND MARKET FOR GAS.
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.

FORMATION: WARSAW Status: ABANDONED Treatment Type: _____
WELLBORE/COMPLETION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/04/2014

Perforations Top: 5474 Bottom: 5490 No. Holes: 64 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: 03/25/2014 Hours: 24 Bbl oil: 15 Mcf Gas: 0 Bbl H2O: 229

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 0 Bbl H2O: 229 GOR: 0

Test Method: PUMPING Casing PSI: 0 Tubing PSI: 40 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5488 Tbg setting date: 02/20/2014 Packer Depth: _____

Reason for Non-Production: HIGH WATER CUT.

Date formation Abandoned: 05/01/2014 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5460 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

DID NOT PUT CEMENT ON TOP OF CIBP. MAY DRILL OUT LATER.

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

Attachment Check List

Att Doc Num **Name**

400824259 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)