

FORM  
5

Rev  
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:

400910081

Date Received:

10/16/2015

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 05-017-07802-00 County: CHEYENNE  
Well Name: RUTH Well Number: 1-10  
Location: QtrQtr: NWSW Section: 10 Township: 16S Range: 46W Meridian: 6  
Footage at surface: Distance: 1444 feet Direction: FSL Distance: 632 feet Direction: FWL  
As Drilled Latitude: 38.675210 As Drilled Longitude: -102.563930

GPS Data:  
Date of Measurement: 10/13/2015 PDOP Reading: 1.5 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: DUST BOWL Field Number: 19130  
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/09/2015 Date TD: 09/17/2015 Date Casing Set or D&A: 09/09/2015  
Rig Release Date: 09/18/2015 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 5425 TVD\*\* Plug Back Total Depth MD 5425 TVD\*\*  
Elevations GR 4218 KB 4231 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
CDL/DNL/PE; DIL

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	548	350	0	548	VISU
OPEN HOLE	7+7/8			548	5,425				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
CARLILE	1,010				
GREENHORN	1,122				
X BENTONITE	1,378				
CHEYENNE	1,623				
MORRISON	1,744				
BLAINE	2,264				
STONE CORRAL	2,734				
SHAWNEE	3,844				
HEEBNER	4,052				
LANSING	4,104				
MARMATON	4,503		YES		
CHEROKEE	4,634				
ATOKA	4,802				
MORROW	4,962				
KEYES	5,150				
MISSISSIPPIAN	5,176		YES		

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: 10/16/2015

Email: TTRITT@MULLDRILLING.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400918711	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"/>
400918714	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input 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>			
400910081	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910098	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910099	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400910102	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Date casing set adjusted to reflect surface casing setting date; production casing not set. Added open-hole interval to casing tab.	10/29/2015 8:33:00 AM
Permit	Added Stone Corral Fm. to formation list to reflect wellbore diagram.	10/16/2015 10:10:32 AM

Total: 2 comment(s)