

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



Table with columns DE, ET, OE, ES

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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, reoperation 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 05-017-06279-00 6. County: CHEYENNE 7. Well Name: MUSF Well Number: 5 8. Location: QtrQtr: NWSE Section: 32 Township: 13S Range: 49W Meridian: 6 9. Field Name: SORRENTO Field Code: 77725

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 09/07/2016 End Date: 09/09/2016 Date of First Production this formation: 10/21/1980

Perforations Top: 5525 Bottom: 5541 No. Holes: 76 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Acidized w/ 500 gals 15% HCL and 5000 gals 7.5% HCL/3% HF.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 171 Max pressure during treatment (psi): 1300 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): 131 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 171 Fresh water used in treatment (bbl): 40 Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/14/2016 Hours: 24 Bbl oil: 13 Mcf Gas: 0 Bbl H2O: 105 Calculated 24 hour rate: Bbl oil: 13 Mcf Gas: 0 Bbl H2O: 105 GOR: 0 Test Method: Pumping Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 40 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5564 Tbg setting date: 09/12/2016 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: Risa Carter

Title: Production Tech. Date: 10/6/2016 Email: rcarter@mulldrilling.com
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Attachment Check List

Att Doc Num **Name**

401125168	FORM 5A SUBMITTED
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General Comments

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

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