

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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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 05-061-06763-00 6. County: KIOWA
 7. Well Name: Quiver Unit Well Number: 2
 8. Location: QtrQtr: SWNE Section: 1 Township: 17S Range: 48W Meridian: 6
 9. Field Name: QUIVER Field Code: 70900

Completed Interval

FORMATION: SPERGEN Status: INJECTING Treatment Type: ACID JOB
 Treatment Date: 09/07/2017 End Date: 09/07/2017 Date of First Production this formation: 09/01/2000
 Perforations Top: 5050 Bottom: 5061 No. Holes: 45 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐Added Spergen perms at 5056' - 5061'This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 56Max pressure during treatment (psi): 920Total 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): 36Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 0Fresh water used in treatment (bbl): 56Disposition 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
 Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
 Test Method: Casing PSI: Tubing PSI: Choke Size:
 Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5037 Tbg setting date: 09/06/2017 Packer Depth: 5030

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:

** Reason why green completion not utilized: well did not flow.

Took test injection rate. Pumped 4 BW at 0.8 BPM on vacuum. SI well. Waiting on MIT and COGCC approval.

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: _____ Email rcarter@mulldrilling.com
:

Attachment Check List

Att Doc Num **Name**

401402132	WELLBORE DIAGRAM
401402137	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)