

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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, 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 05-073-06304-00 6. County: LINCOLN 7. Well Name: Meteor Unit Well Number: 2 8. Location: QtrQtr: SESW Section: 9 Township: 12S Range: 52W Meridian: 6 9. Field Name: METEOR Field Code: 54750

Completed Interval

FORMATION: MORROW Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 06/30/2003

Perforations Top: 6746 Bottom: 6758 No. Holes: 64 Hole size: 52/100

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

Added 2-7/8" x 5-1/2" Nickel-coated Arrowset 1-X Packer set at 6708'. Added 2-7/8" Sealite tubing set at 6716'.

This formation is commingled with another formation: [] Yes [X] 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: 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: 6716 Tbg setting date: 10/09/2017 Packer Depth: 6708

Reason for Non-Production: In process of converting well to injection well.

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: 10/24/2017 Email: rcarter@mulldrilling.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401438252	FORM 5A SUBMITTED
401439686	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)