

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 05-017-06244-00 6. County: CHEYENNE 7. Well Name: MUSF Well Number: 2 8. Location: QtrQtr: SENW 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: 08/16/2018 End Date: 08/16/2018 Date of First Production this formation: 02/20/1980 Perforations Top: 5524 Bottom: 5546 No. Holes: 100 Hole size: 52/100

Provide a brief summary of the formation treatment: Open Hole: [] Added perms from 5524 - 5534' to make gross interval 5524 - 5546'. Acidized w/ 24 bbls 7.5% MCA. Displaced acid w/ oil.

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 24 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): 24 Number of staged intervals: Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 0 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: 5649 Tbg setting date: 08/17/2018 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:

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: 9/14/2018 Email rcarter@mulldrilling.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401763713	FORM 5A SUBMITTED
401763832	WELLBORE DIAGRAM
401763833	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)