

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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Document Number:

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Date Received:

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 05-061-06762-00 6. County: KIOWA
 7. Well Name: Quiver Unit Well Number: 4
 8. Location: QtrQtr: SESE Section: 2 Township: 17S Range: 48W Meridian: 6
 9. Field Name: QUIVER Field Code: 70900

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: _____Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/08/2001Perforations Top: 5048 Bottom: 5054 No. Holes: 48 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

No change in this completed interval.

This formation is commingled with another formation: ☒ Yes ☐ 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: 5052 Tbg setting date: 05/14/2019 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.

FORMATION: ST LOUIS Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 05/08/2019 End Date: 05/13/2019 Date of First Production this formation: 05/14/2019
 Perforations Top: 4979 Bottom: 4983 No. Holes: 16 Hole size: 52/100
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Added perms from 4979' - 4983' to make gross interval 4979' - 5054'. Acidized w/ 500 gals 15% MCA and flush w/ 29.5 bbls of 2% KCL, 1500 gals MOD-202 and flush w/ 29.5 bbls, 107 bbls total load.

This formation is commingled with another formation: ☒ Yes ☐ No
 Total fluid used in treatment (bbl): 107 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): 48 Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): 59 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: 5052 Tbg setting date: 05/14/2019 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: _____ Email: rcarter@mulldrilling.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402051111	WIRELINE JOB SUMMARY
402058679	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Confirm dates of first prod.	05/29/2019

Total: 1 comment(s)