

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 05-061-06762-00
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: 08/19/2000

Perforations 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: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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): 0 Flowback volume recovered (bbl): 0
 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: 5/30/2019 Email: rcarter@mulldrilling.com

Attachment Check List

Att Doc Num	Name
402049173	COMPLETED INTERVAL REPORT
402051111	WIRELINE JOB SUMMARY
402058679	WELLBORE DIAGRAM
402058718	FORM 5A SUBMITTED

Total Attach: 4 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)