

Document Number:
402323080

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 05-017-07064-00 6. County: CHEYENNE
 7. Well Name: NW ARAPAHOE UNIT (NWAU) Well Number: 6
 8. Location: QtrQtr: SWNW Section: 25 Township: 13S Range: 43W Meridian: 6
 9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 02/03/2020 End Date: 02/03/2020 Date of First Production this formation: 11/21/1989
 Perforations Top: 5222 Bottom: 5258 No. Holes: 184 Hole size: 52/100

Provide a brief summary of the formation treatment: Acidized w/ 2000 gals 7.5% HCl w/ 10% HFG. Flushed w/ lease oil. Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 48 Max pressure during treatment (psi): 2100
 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): _____
 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: 5264 Tbg setting date: 02/04/2020 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:

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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: Prod Tech Date: _____ Email: rcarter@mulldrilling.com
:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|----------------------|
| 402323141 | WIRELINE JOB SUMMARY |
| 402323142 | 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)