

COMPLETED INTERVAL REPORT

Document Number:
402368353

Date Received:

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: <u>61250</u>	4. Contact Name: <u>Mark Shreve</u>
2. Name of Operator: <u>MULL DRILLING COMPANY INC</u>	Phone: <u>(316) 264-6366</u>
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City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</u>	Email: <u>mshreve@mulldrilling.com</u>

5. API Number <u>05-017-06871-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>NW ARAPAHOE UT</u>	Well Number: <u>15</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>32</u> Township: <u>13S</u> Range: <u>42W</u> Meridian: <u>6</u>	
9. Field Name: <u>ARAPAHOE</u> Field Code: <u>2875</u>	

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/18/1989

Perforations Top: 5274 Bottom: 5288 No. Holes: 34 Hole size: 52/100

Provide a brief summary of the formation treatment:

Open Hole:

Drilled out existing CIBP that was located at 5283' to change producing interval from 5274'-5278' to 5274'-5288'. Overall perforated interval for the Morrow formation is down to 5332', but perforations at 5328'-5332' are temporarily abandoned with a CIBP at 5318'.

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: <input type="checkbox"/>

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: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5289</u>	Tbg setting date: <u>03/06/2020</u>	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
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402368354	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)