

Document Number:
402491850

Date Received:
09/17/2020

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: <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>
3. Address: <u>1700 N WATERFRONT PKWY B#1200</u>	Fax: <u>(316) 264-6440</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206-</u>	Email: <u>mshreve@mulldrilling.com</u>

5. API Number <u>05-017-06298-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>MCCORMICK</u>	Well Number: <u>C-2</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>10</u> Township: <u>14S</u> Range: <u>49W</u> Meridian: <u>6</u>	
9. Field Name: <u>SORRENTO</u>	Field Code: <u>77725</u>

Completed Interval

FORMATION: <u>MORROW</u>	Status: <u>PRODUCING</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: <u>06/01/1981</u>
Perforations Top: <u>5490</u>	Bottom: <u>5498</u>	No. Holes: <u>68</u> Hole size: <u>52/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

This form is being submitted to update COGCC records. Perfs added in 1997 and 2000 were reported on a Form 4, but a revised Form 5A was not submitted.

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>5535</u>	Tbg setting date: <u>05/27/2008</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 O'Bryhim

Title: Prod Tech Date: 9/17/2020 Email: robryhim@mulldrilling.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402491850	FORM 5A SUBMITTED
402491855	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)