

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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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 05-017-06926-00 6. County: CHEYENNE  
 7. Well Name: NW ARAPAHOE UNIT Well Number: 31  
 8. Location: QtrQtr: NESE Section: 6 Township: 14S Range: 42W Meridian: 6  
 9. Field Name: ARAPAHOE Field Code: 2875

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 11/20/2020 End Date: 11/20/2020 Date of First Production this formation: 12/24/1988

Perforations Top: 5256 Bottom: 5261 No. Holes: 20 Hole size: 52/100

Provide a brief summary of the formation treatment: Open Hole:

Acidized down tubing-casing annulus w/ 500 gals 16% ACI. Flushed w/ lease oil.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 77 Max pressure during treatment (psi): 0

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): 12 Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ 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: 5304 Tbg setting date: 02/07/2014 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 O'Bryhim

Title: Prod Tech Date: \_\_\_\_\_ Email: robryhim@mulldrilling.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402549826	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)