

FORM
5A

Rev
09/20

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:
402762185

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 05-017-06944-00	6. County: CHEYENNE
7. Well Name: NW ARAPAHOE UT	Well Number: 29
8. Location: QtrQtr: NESW 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: 06/29/2021 End Date: 07/01/2021 Date this Formation was Completed: 03/01/1989
Perforations Top: 5256 Bottom: 5284 No. Holes: 216 Hole size: 52/100 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Added perforations at 5276' - 84' to make new gross producing interval 5256' - 5284'. Acidized w/ 1500 gals 15% HCl on 06/29/2021 and 500 gals 15% HCl.

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 79 Max pressure during treatment (psi): 1310
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 or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 31 Disposition method for flowback:
Total proppant used (lbs):

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:
Date: 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: 5297 Tbg setting date: 07/06/2021 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

Attachment List

Att Doc Num	Name
402762413	WELLBORE DIAGRAM
402762414	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)