

FORM
5
Rev
12/20

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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DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 61250 Contact Name: Mark Shreve
Name of Operator: MULL DRILLING COMPANY INC Phone: (316) 264-6366
Address: 1700 N WATERFRONT PKWY B#1200 Fax: (316) 264-6440
City: WICHITA State: KS Zip: 67206- Email: mshreve@mulldrilling.com

API Number 05-073-06779-00 County: LINCOLN
Well Name: BSR "A" Well Number: 1-19
Location: QtrQtr: SENW Section: 19 Township: 12S Range: 53W Meridian: 6
FNL/FSL FEL/FWL
Footage at surface: Distance: 1364 feet Direction: FNL Distance: 2481 feet Direction: FWL
As Drilled Latitude: 38.991030 As Drilled Longitude: -103.377460
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 11/16/2021
FNL/FSL FEL/FWL
** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
Sec: Twp: Rng:
FNL/FSL FEL/FWL
** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
Sec: Twp: Rng:
Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/26/2021 Date TD: 10/16/2021 Date Casing Set or D&A: 10/19/2021
Rig Release Date: 10/19/2021 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6950 TVD** Plug Back Total Depth MD TVD**
Elevations GR 4927 KB 4946 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CDL/CNL, DIL, Micro, Sonic

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 9620 Fresh Water (bbls): 9620
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	17+1/2	13+3/8	J-55	54	0	385	400	385	0	VISU

Bradenhead Pressure Action Threshold 116 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	2,000	3,019			
DAKOTA	3,019	4,285			
LYONS	4,285	5,429			
SHAWNEE	5,429	5,679			
LANSING	5,679	6,061			
MARMATON	6,061	6,167	YES		
CHEROKEE	6,167	6,763	YES		
MORROW	6,763	6,914			
KEYES	6,914	6,947			
MISSISSIPPIAN	6,947	6,950			

Operator Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Tannis Tritt

Title: Executive Assistant

Date: _____

Email: ttritt@mulldrilling.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
402861158	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
402860989	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
402860999	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402861000	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402861002	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402861004	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402861016	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402873191	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)