

FORM
5

Rev
02/20

State of Colorado Oil and Gas Conservation Commission

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Document Number:

402132592

Date Received:

08/09/2019

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: <u>61250</u>	Contact Name: <u>Mark Shreve</u>
Name of Operator: <u>MULL DRILLING COMPANY INC</u>	Phone: <u>(316) 264-6366</u>
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>

API Number 05-061-06770-00 County: KIOWA

Well Name: Quiver Unit Well Number: 3

Location: QtrQtr: NESE Section: 1 Township: 17S Range: 48W Meridian: 6

FNL/FSL FEL/FWL

Footage at surface: Distance: 2540 feet Direction: FSL Distance: 600 feet Direction: FEL

As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data: GPS Quality Value: _____ Type of GPS Quality Value: PDOP Date of Measurement: _____

GPS Instrument Operator's Name: _____

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: QUIVER Field Number: 70900

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 01/27/2001 Date TD: 02/05/2001 Date Casing Set or D&A: 02/06/2001

Rig Release Date: 02/06/2001 Per Rule 308A.b.

Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 5110 TVD** _____ Plug Back Total Depth MD 5065 TVD** _____

Elevations GR 4118 KB 4129 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:

DIL, ML, CND-PE, CBL - All already on file w/ COGCC

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	465	275	0	465	VISU
1ST	7+7/8	5+1/2	15.5	0	5,108	100	4,330	5,108	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/26/2019

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	3,788	200	3,757	3,788

Details of work:

RU HSI Cementers, load & pressure up annulus to 300#. Load tubing w/ 6.5 BW & take inj rate of 2.5 BPM @ 500#. Mix & pump 200 sks of Class A cement w/ first 100 sks containing fluid loss. Shut down & clear pump & lines, start displacement, zone took first 9.75 bbls on vac. Start pumping @ 600#, displace a total of 15.3 bbls past packer. Staged on cement, holding 700#, wait 15 mins. Pressure up to 1200#, wait 5 mins. Pressure up to 1400#, wait 3 mins & release pressure on cement, held. Release pressure off backside & release packer. Reverse out short way w/ 30 BW. RD HSI & pull tubing & packer out. Shut well in and SDOWE.

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	

Operator Comments:

This Form 5 is being submitted per Rule 308A.b.(3) for casing repair.

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: Production Tech. Date: 8/9/2019 Email: rcarter@mulldrilling.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
402138366	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"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
402132592	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
402138367	OPERATIONS SUMMARY	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)