

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) 892-2109



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Document Number:
403124892

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: <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>05-017-07395-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>MULL UPRC-HISS</u>	Well Number: <u>1-X</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>29</u> Township: <u>13S</u> Range: <u>44W</u> Meridian: <u>6</u>	
9. Field Name: <u>SMOKY CREEK</u> Field Code: <u>77560</u>	

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 07/01/2022 End Date: 07/01/2022 Date this Formation was Completed: 10/06/1993
Perforations Top: 5364 Bottom: 5389 No. Holes: 64 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 perms at 5364'-72' and acidized new perms with 500 gals. 15% MCA. Maximum pressure was 350 psi. New gross producing interval in Spergen is 5364'-5389'.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 31 Max pressure during treatment (psi): 350
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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 19 Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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: 5345 Tbg setting date: 07/01/2022 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
403124911	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)