

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:

403124892

Date Received:

08/03/2022

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

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

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): 0

Fresh water used in treatment (bbl): 19

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: 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: 8/3/2022 Email: robryhim@mulldrilling.com

Attachment List

Att Doc Num	Name
403124892	FORM 5A SUBMITTED
403124911	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)