



Submit 1 copy

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**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1. OPERATOR Mull Drilling Company, Inc. PHONE (316) 264-6366

ADDRESS P.O. Box 2758, Wichita, KS 67201

2. DRILLING CONTRACTOR KUDU Drilling Company, Inc. PHONE (719) 767-4177

**RECEIVED**  
**MAY - 9 1994**

5. TYPE OF WELL COALBED  
 OIL  GAS  METHANE  DRY  
 INJECTION  OTHER

6. TYPE OF COMPLETION  COMMINGLED  
 NEW WELL  MULTIPLE COMPLETION  
 RECOMPLETION (DATE            STARTED P&A)

7. FEDERAL/INDIAN OR STATE LEASE NO.           

8. IF INDIAN, ALLOTTEE OR TRIBE NAME           

3. LOCATION OF WELL (Footages from section lines)  
 At surface 1500' FNL & 1650' FEL, NE/4  
 At top prod. interval reported below  
 At total depth Same

4. ELEVATIONS  
 KB 4441'  
 GR 4430'

9. WELL NAME AND NUMBER ROGERS #1

10. FIELD OR WILDCAT Wildcat

11. QTR. QTR. SEC. T. R. AND MERIDIAN SW NE, 8-16S-50W (6 PM)

WAS DIRECTIONAL SURVEY RUN? NO  YES  IF YES, ATTACH COPY

12. PERMIT NO. 94-178 13. API NO. 05 -017-07417 14. SPUD DATE 4/8/94 15. DATE TD REACHED 4/24/94 16. DATE COMPL.  D&A 4/24/94  READY TO PROD  
 17. COUNTY Cheyenne 18. STATE CO.

19. TOTAL DEPTH 5721' (LTD) TVD 20. PLUG BACK TOTAL DEPTH NA TVD 21. DEPTH BRIDGE PLUG SET NA TVD

22. TYPE ELECTRIC AND OTHER MECHANICAL LOGS RUN (Submit copy of each) Schlumberger: CNL-Density, Dual Ind, BHC Sonic

23. WAS WELL CORED? NO  YES  (Submit Analysis)  
 WAS DST RUN? NO  YES  (Submit Report)

**24. CASING & LINER RECORD (Report all strings set in well)**

SIZE	WEIGHT(LB/FT)	HOLE SIZE	TOP (MD)	BOTTOM (MD)	STAGE CEMENTER DEPTH	NO. OF SKS. & TYPE OF CEMENT	SLURRY VOL. (BBL.)	TOP OF CEMENT (Specify calc. or CBL)
20"	64#		GrLvl	60'		100sx Standard	21.0	GrLvl
8 5/8"	24#		GrLvl	420'		105sx Common	56.5	GrLvl
						105sx LtWt		

**25. TUBING RECORD - Please Specify # of Strings**

SIZE	DEPTH SET (MD)	PACKER DEPTH (MD)	SIZE	DEPTH SET (MD)	PACKER DEPTH (MD)	SIZE	DEPTH SET (MD)	PACKER DEPTH (MD)

**26. PRODUCING INTERVALS**      **27. ATTACH WELLBORE DIAGRAM FOR MULTI-ZONE/COMINGLED PRODUCTION (RULE 332)**

FORMATION	TOP	BOTTOM	GROSS PERFORATED INTERVAL	SIZE	NO. HOLES	PERF. STATUS (open, squeezed)
A)						
B)						
C)						
D)						

**28. ACID, FRACTURE, TREATMENT, CEMENT SQUEEZE, ETC.**

DEPTH INTERVAL	AMOUNT AND TYPE OF MATERIAL

**29. PRODUCTION - INTERVAL A**

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
			→						
CHOKE SIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	
			→					PLUGGED and ABANDONED	

**PRODUCTION - INTERVAL B**

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
			→						
CHOKE SIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	
			→						

**PRODUCTION - INTERVAL C**

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION →	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
CHOKESIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE →	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	

**PRODUCTION - INTERVAL D**

DATE FIRST PRODUCED	TEST DATE	HOURS TESTED	TEST PRODUCTION →	OIL BBL	GAS MCF	WATER BBL	OIL GRAVITY CORR. API	GAS DISPOSITION	PRODUCTION METHOD
CHOKESIZE	FLOW. TBG. PRESS.	CSG. PRESS.	24 HR. RATE →	OIL BBL	GAS MCF	WATER BBL	GAS: OIL RATIO	ZONE STATUS	

30. PLEASE ATTACH AN 8 1/2" x 11" BASIC SKETCH SHOWING ALL SURFACE EQUIPMENT ASSOCIATED WITH PRODUCTION, FLUID SEPARATION, FLUID STORAGE, AND GAS MEASUREMENT FOR THE WELL. SHOW APPROXIMATE DISTANCES OF EQUIPMENT FROM WELLBORE. INCLUDE WATER DISPOSAL PITS IF APPLICABLE. OUTLINE UNDERGROUND FLOWLINES AND LIST ANY OTHER WELLS SHARING THE SURFACE EQUIPMENT.

31. SUMMARY OF POROUS ZONES (INCLUDE AQUIFERS):

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SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES AND RECOVERIES.

32. FORMATION (LOG) MARKERS

**CONFIDENTIAL**

FORMATION	TOP	BOTTOM	DESCRIPTIONS, CONTENTS, ETC.	NAME	TOP
					MEAS. DEPTH
Sand/shale Shale Lime/shale Shale Lime/shale TD	0 2040 2290 2915 3150 5720	2040 2290 2915 3150 5720	ST LOUIS	Ogallala	Behind surf pipe
			DST #1 5605-5640/30-30-30-30	Niobrara	Behind surf pipe
			Wk blow; died in 1 min. IF	Ft Hayes	979
			No blow FF	Codell	1042
			Rec: 10' Mud	Carlile	1094
			IFP 48-48 ISIP 513	Greenhorn	1188
			FFP 58-58 FSIP 503	Dakota	1462
			IHP 2830 FHP 2790 BHT 152°	Cheyenne	1719
				Morrison	1908
				Taloga	2090
	Day Creek	2440			
	Whitehorse	2461			
	Blaine	2633			
	Salt	Not present (NP)			
	Cedar Hills	2720			
	T/St Corral	2901			
	Shawnee	4052			
	Lansing	4282			
	Marmaton	4684			
	Cherokee	4815			
	Atoka	5039			
	Morrow	5283			
	Keyes	5487			
	St. Louis	5533			
	Spergen	5650			
	LTD	5721			
	RTD	5720			

33. ADDITIONAL REMARKS (INCLUDE PLUGGING PROCEDURE & ATTACH CEMENT VERIFICATION):

Plugged as follows:

40sx 5604-5471	40sx	453-320	
40sx 2192-2059	10sx	33- top	Orders per Permit
40sx 1413-1280	5 sx	Mousehole	#94-178
40sx 1198-1065	5 sx	Rathole	Ed Binkley, CCC - Job by Allied Cementing

34. CIRCLE ENCLOSED ATTACHMENTS:

- |                                       |                              |   |
|---------------------------------------|------------------------------|---|
| 1. MECHANICAL LOGS (1 full set req'd) | 3. WELLBORE SKETCH (See #27) | 6. SUNDRY NOTICE FOR PLUGGING AND CEMENT VERIFICATION |
| 2. GEOLOGIC REPORT                    | 4. DST REPORT                | 7. CORE ANALYSIS                                      |
|                                       | 5. DIRECTIONAL SURVEY        | 8. OTHER:   |

35. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED \_\_\_\_\_

PRINT Mark A. Shreve TITLE Petroleum Engineer DATE May 06, 1994

CONFIDENTIAL

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY



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**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER Plugged & Abandoned			5. FEDERAL/INDIAN OR STATE LEASE NO.	
2. NAME OF OPERATOR Mull Drilling Company, Inc.			6. PERMIT NO. 94-178	
3. ADDRESS OF OPERATOR P.O. Box 2758			7. API NO. 05-017-07417	
CITY STATE ZIP CODE Wichita KS 67201			8. WELL NAME ROGERS	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1500' FNL & 1650' FEL, NE/4			9. WELL NUMBER #1	
At proposed prod. zone Same			10. FIELD OR WILDCAT Wildcat	
12. COUNTY Cheyenne			11. QTR. QTR. SEC., T.R. AND MERIDIAN SW NE, 8-16S-50W (6 PM)	

**RECEIVED**  
**MAY - 9 1994**

COLORADO OIL & GAS CONSERVATION COMMISSION

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER _____	13B. SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER _____ <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK April 24, 1994 - 8:30 PM

Plugged as follows:

- 40 sx 5604-5471
- 40 sx 2192-2059
- 40 sx 1413-1280
- 40 sx 1198-1065
- 40 sx 453- 320
- 10 sx 33- top
- 5 sx Mousehole
- 5 sx Rathole

Orders per Permit #94-178 - Ed Binkley, CCC  
JOB BY Allied Cementing

16. I hereby certify that the foregoing is true and correct

SIGNED  TELEPHONE NO. (316) 264-6366

NAME (PRINT) Mark A. Shreve TITLE Petroleum Engineer DATE May 06, 1994

(This space for Federal or State office use)

APPROVED  TITLE Engineer DATE 7-14-94  
CONDITIONS OF APPROVAL, IF ANY:

Phone 913-483-2627, Russell, KS  
 Phone 316-793-5861, Great Bend, KS

Phone 913-625-5516, Hays, KS  
 Phone 913-672-3471, Oakley, KS

Phone 316-886-5926, Medicine Lodge, K  
 Phone 913-798-3843, Ness City, KS

# ALLIED CEMENTING CO., INC. 0007604

Home Office P. O. Box 31  
 Russell, Kansas 67665

Date	4-24-94	Sec.	8	Twp.	16S	Range	50W	Called Out	12:30 AM	On Location	3:45 PM	Job Start	4:45 AM	Finish	8:30
Lease	ROGERS	Well No.	1	Location	KET CARSON 65-12W-1/2S-2W			County	CHEYENNE	State	CO.				
Contractor	KUDU DRG.														

Type Job	PTA	
Hole Size	7 7/8	T.D. 5720
Csg.		Depth
Tbg. Size		Depth
Drill Pipe	4 1/2	Depth 5604
Tool		Depth
Cement Left in Csg.		Shoe Joint
Press Max.		Minimum
Meas Line		Displace <input checked="" type="checkbox"/>
Perf.		

Owner SAME

To Allied Cementing Co., Inc.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

RECEIVED

Charge To Mull DRG. CO. MAY - 9 1994

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

The above was done to satisfaction and supervision of owner agent or contractor.

Purchase Order No. \_\_\_\_\_

*Rough & Stonely*

CEMENT

Amount Ordered 220 SKS Common

Consisting of

Common	
Poz. Mix	
Gel.	
Chloride	
Quickset	

### EQUIPMENT

Pumptrk	No.	Cementer	TERRY
	191	Helper	
Pumptrk	No.	Cementer	
		Helper	
Bulktrk	212	Driver	R. G.
		Driver	

DEPTH of Job	
Reference:	Pump TRK 2.25 PER MELE
Sub Total	
Tax	
Total	

Remarks:

40SKS AT 5604'

40SKS AT 2192'

40SK AT 1413'

40SK AT 1198'

40SKS AT 453'

0SKS AT 50' 5SKS RAT + 5SKS MHOUSE No 16

Handling	Sales Tax
Mileage	
	Sub Total
Floating Equipment	Total