

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:  
400309317

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary 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

5. API Number 05-061-06872-00  
6. County: KIOWA  
7. Well Name: TALLMAN ENTERPRISES Well Number: 1-27  
8. Location: QtrQtr: NESE Section: 27 Township: 18S Range: 45W Meridian: 6  
Footage at surface: Distance: 2344 feet Direction: FSL Distance: 1303 feet Direction: FEL  
As Drilled Latitude: 38.461480 As Drilled Longitude: -102.441520

GPS Data:  
Date of Measurement: 07/18/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: KEITH WESTFALL

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:  
\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:

9. Field Name: CAVALRY 10. Field Number: 10340  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/14/2012 13. Date TD: 06/28/2012 14. Date Casing Set or D&A: 06/29/2012

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

16. Total Depth MD 4950 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 3922 KB 3933  
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
WEATHERFORD:  
DIL  
MICRO  
NEUTRON DENSITY  
SONIC

20. Casing, Liner and Cement:  
**CASING**

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	354	265	0	354	CALC

**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:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHAWNEE	3,418		<input type="checkbox"/>	<input type="checkbox"/>	
HEEBNER	3,617		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,640		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,029		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	4,070		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
FORT SCOTT	4,110		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CHEROKEE	4,166		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,309		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,439		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,586		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	4,604		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: MARK SHREVE

Title: PRESIDENT/COO Date: \_\_\_\_\_ Email: MSHREVE@MULLDRILLING.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400309323	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309327	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400309325	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"/>
<b>Other Attachments</b>			
400309328	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309329	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309330	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400309331	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)