

FORM  
5A

Rev  
06/12

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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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: 10142  
2. Name of Operator: MID-CON ENERGY OPERATING INC  
3. Address: 2431 E 61ST ST STE 850  
City: TULSA State: OK Zip: 74136  
4. Contact Name: Lindsey Vedros  
Phone: (918) 743-7575  
Fax: (918) 949-6567

5. API Number 05-017-07709-00  
6. County: CHEYENNE  
7. Well Name: HRMU  
Well Number: 9-12  
8. Location: QtrQtr: Lot 14 Section: 12 Township: 13S Range: 43W Meridian: 6  
9. Field Name: HARKER RANCH Field Code: 33557

Completed Interval

FORMATION: MORROW V-7 Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 08/01/2012 End Date: 08/01/2012 Date of First Production this formation: 12/15/2012  
Perforations Top: 5281 Bottom: 5298 No. Holes: 72 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set pkr, pump 850 gal 7 1/2% NEFE. 1/2bpm @ 1,500 psi. Pressure decreased very gradually to 800psi. Flush w/32 bbl 4% KCL. ISIP @ 700 psi. 5 min @ 650psi. 10 min @ 600 psi. SWI SDFN.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 74

Max pressure during treatment (psi): 1500

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): 42

Number of staged intervals: 1

Recycled water used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): 245

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): \_\_\_\_\_

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/17/2012 Hours: 24 Bbl oil: 125 Mcf Gas: 0 Bbl H2O: 806  
Calculated 24 hour rate: Bbl oil: 125 Mcf Gas: 0 Bbl H2O: 806 GOR: \_\_\_\_\_  
Test Method: actual Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 40  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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:

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

Signed: \_\_\_\_\_ Print Name: Lindsey Vedros

Title: Production Tech Date: 6/20/2013 Email lvedros@midcon-energy.com  
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### Attachment Check List

Att Doc Num	Name
400434949	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)