

FORM
5Rev
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:

400689106

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: 10142

4. Contact Name: Lindsey Vedros

2. Name of Operator: MID-CON ENERGY OPERATING LLC

Phone: (918) 743-7575

3. Address: 2431 E 61ST ST STE 850

Fax: (918) 949-6567

City: TULSA State: OK Zip: 74136

5. API Number 05-017-07793-00

6. County: CHEYENNE

7. Well Name: HRMU

Well Number: 11

8. Location: QtrQtr: NWNW Section: 13 Township: 13S Range: 43W Meridian: 6

Footage at surface: Distance: 600 feet Direction: FNL Distance: 760 feet Direction: FWL

As Drilled Latitude: 38.928050 As Drilled Longitude: -102.181850

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: HARKER RANCH

10. Field Number: 33557

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/12/2014 13. Date TD: 08/19/2014 14. Date Casing Set or D&A: 08/20/2014

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☒ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5450 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4091 KB 4107

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:

Dual Induction, Density/Neutron, and Microlog

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	425	300	0	425	VISU
1ST	7+7/8	5+1/2	15.5	0	5,434	400		5,434	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/12/2014					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,029			
Details of work:					
CBL has not been run yet, cement top and bottom are unknown for 5 1/2" casing.					

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	
DAKOTA	1,865	2,057	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORRISON	2,199	2,376	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,080	3,150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,124	4,243	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,377	4,742	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,742	4,845	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,910	5,066	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,066	5,208	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,208	5,377	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,377	5,450	<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: Lindsey Vedros

Title: Regulatory Tech Date: _____ Email: lvedros@midcon-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400690032	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400690018	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"/>
<u>Other Attachments</u>					
400689815	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400689820	PDF-MICROLOG	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400689826	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)