

FORM  
5Rev  
09/14

## 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:

400687404

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

OGCC Operator Number: 10142

Contact Name: Lindsey Vedros

Name of Operator: MID-CON ENERGY OPERATING LLC

Phone: (918) 748-3369

Address: 2431 E 61ST ST STE 850

Fax:

City: TULSA State: OK Zip: 74136

API Number 05-017-07792-00

County: CHEYENNE

Well Name: HRMU

Well Number: 12

Location: QtrQtr: NWSE Section: 1 Township: 13S Range: 43W Meridian: 6

Footage at surface: Distance: 1690 feet Direction: FSL Distance: 2020 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## 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:

Field Name: HARKER RANCH

Field Number: 33557

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 08/22/2014 Date TD: 08/29/2014 Date Casing Set or D&amp;A: 08/30/2014

Rig Release Date: \*for Multi-Well Location ONLY

## Well Classification:

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

Total Depth MD 5350 TVD\*\* Plug Back Total Depth MD TVD\*\*

Elevations GR 3999 KB 4016 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

## List Electric Logs Run:

Density Nuetron, Microresistivity, Resistivity

## 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		

## 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:

Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
DAKOTA	1,929	2,124			
MORRISON	2,278	2,434			
STONE CORRAL	3,003	3,041			
SHAWNEE	4,033	4,149			
LANSING	4,280	4,649			
MARMATON	4,649	4,750			
CHEROKEE	4,826	4,980			
ATOKA	4,980	5,114			
MORROW	5,114	5,209			
MISSISSIPPIAN	5,245	5,350			

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@gmail.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400691185	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"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" 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>		
400691175	TIF-RESISTIVITY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400691176	TIF-MICROLOG	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400691178	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)