

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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Document Number:

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Date Received:

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 LLC
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
Email: lvedros@midcon-energy.com

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
9. Field Name: HARKER RANCH Field Code: 33557

Completed Interval

FORMATION: MORROW Status: INJECTING Treatment Type: ACID JOB
Treatment Date: 09/25/2014 End Date: 09/26/2014 Date of First Production this formation:
Perforations Top: 5289 Bottom: 5328 No. Holes: 78 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

3900 gal 7.5% HCl; 40 bbls 4% KCl

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

Total fluid used in treatment (bbl): 132 Max pressure during treatment (psi): 1820
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): 92 Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: 5242

Reason for Non-Production: currently waiting on injection permit to begin injection.

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:

Well is waiting on approved injection permit.

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

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Attachment Check List

Att Doc Num

Name

400700343

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)