

**FORM
5**Rev
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



Document Number:

400687404

Date Received:

09/23/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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: 38.948930 As Drilled Longitude: -102.173080

GPS Data:

Date of Measurement: 10/02/2014 PDOP Reading: 2.7 GPS Instrument Operator's Name: Elijah Frane

** 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&A: 08/30/2014Rig Release Date: 08/30/2014 Per Rule 308A.b.

Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal 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 Nuutron, Microresistivity, Resistivity, triple combo

CASING, LINER AND CEMENT

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	441	300	0	441	CALC
OPEN HOLE	7+7/8			441	5,350				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:

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			

Operator Comments

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: 9/23/2014 Email: lvedros@gmail.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2519360	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"/>
2519361	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
2519376	TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400687404	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691175	RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691176	MICROLOG	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400691178	DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached triple combination LAS log.	10/21/2014 11:32:58 AM
Permit	Attached cement ticket and GPS.	10/10/2014 8:01:35 AM
Permit	Missing as-drilled GPS. Missing LAS digital format logs. Missing surface casing cement ticket.	10/9/2014 7:51:34 AM

Total: 3 comment(s)