

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 LLC
3. Address: 2431 E 61ST ST STE 850
City: TULSA State: OK Zip: 74136
4. Contact Name: Ellen McElrath
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Fax: (918) 949-6567
Email: emcelrath@midcon-energy.com

5. API Number 05-017-07148-00
6. County: CHEYENNE
7. Well Name: Harker Ranch
Well Number: 14-1
8. Location: QtrQtr: SWSW Section: 1 Township: 13S Range: 43W Meridian: 6
9. Field Name: HARKER RANCH Field Code: 33557

Completed Interval

FORMATION: MORROW Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 10/02/2014 End Date: 10/03/2014 Date of First Production this formation: 12/08/2014

Perforations Top: 5203 Bottom: 5208 No. Holes: 20 Hole size: 3 + 1/8

Provide a brief summary of the formation treatment: Open Hole: []

1000 gal 7.5% HCl; 40 bbls 4% KCl

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 64 Max pressure during treatment (psi): 1770
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): 24 Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 64
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:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/18/2014 Hours: 24 Bbl oil: 1 Mcf Gas: 0 Bbl H2O: 282
Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 0 Bbl H2O: 282 GOR:
Test Method: Actual Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 40
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5232 Tbg setting date: 10/06/2014 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: Ellen McElrath
Title: Engineer Date: 3/2/2015 Email: emcelrath@midcon-energy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400720708	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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