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Document Number:
 400433149

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 INC 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 05-017-07709-00 6. County: CHEYENNE
 7. Well Name: HRMU Well Number: 9-12
 8. Location: QtrQtr: Lot 14 Section: 12 Township: 13S Range: 43W Meridian: 6
 Footage at surface: Distance: 400 feet Direction: FSL Distance: 2300 feet Direction: FWL
 As Drilled Latitude: 38.930840 As Drilled Longitude: -102.176470

GPS Data:
 Date of Measurement: 07/15/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: Keith Westfall

** 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) 07/03/2012 13. Date TD: 07/15/2012 14. Date Casing Set or D&A: 07/03/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

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

18. Elevations GR 4066 KB 4077 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:
 Microresistivity Log
 Array Induction Shallow Focused Electric Log
 Compact Photo Density Compensated Neutron Microresistivity Log

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	297	200	0	297	VISU
1ST	7+7/8	5+1/2	15.5#	0	5,407	350	3,980	5,407	CBL

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:

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	
SHAWNEE	4,140	4,345	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,345	4,720	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,720	4,885	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,885	5,035	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,035	5,175	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,175	5,330	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	5,330	5,412	<input 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: Production Tech

Date: _____

Email: lvedros@midcon-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400434937	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"/>
Other Attachments			
400433412	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400433440	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400433442	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400433444	TIF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)