

FORM
5Rev
02/08**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:

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:

Data 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 ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 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"/> |
| <u>Other Attachments</u> | | | | | |
| 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 CommentsUser GroupCommentComment Date

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Total: 0 comment(s)