

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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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  
Phone: (918) 743-7575  
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 ☒ 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: 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: \_\_\_\_\_ Email: emcelrath@midcon-energy.com  
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**Att Doc Num**      **Name**

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