

**FORM
5**Rev
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:

400436672

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: 10422

4. Contact Name: Jake Flora

2. Name of Operator: PRONGHORN OPERATING LLC

Phone: (720) 988-5375

3. Address: 8400 E PRENTICE AVENUE #1000

Fax:

City: GREENWOOD State: CO Zip: 80111

5. API Number 05-017-07739-00

6. County: CHEYENNE

7. Well Name: SILVER HEELS

Well Number: 1

8. Location: QtrQtr: SENW Section: 9 Township: 13S Range: 46W Meridian: 6

Footage at surface: Distance: 2242 feet Direction: FNL Distance: 2041 feet Direction: FWL

As Drilled Latitude: 38.934070 As Drilled Longitude: -102.567900

GPS Data:

Date of Measurement: 05/30/2013 PDOP Reading: 2.1 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/10/2013 13. Date TD: 04/18/2013 14. Date Casing Set or D&A: 04/23/2013

15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6032 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4586 KB 4602

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:

GR
Density-Neutron
Induction
Sonic

*all logs were obtained on a single combination logging run

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	486	300	0	486	

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	
NIOBRARA	1,056	1,190	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	1,683	1,766	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	1,766	1,792	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,304	2,382	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,496	2,734	<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	3,226	3,316	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,479	3,512	<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	4,312	4,314	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,492	4,590	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,704	4,984	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	5,078	5,230	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	5,230	5,392	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,540	5,692	<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,696	5,701	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,790	5,850	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The COGCC E-FORM produces an error when attempting to upload logs or attachments. I will email them to Larry Coler directly.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jake Flora

Title: Petroleum Engineer Date: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)