

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.

Document Number:
 400445961

Date Received:

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 05-017-07745-00 6. County: CHEYENNE
 7. Well Name: Harley Well Number: 5
 8. Location: QtrQtr: NWSW Section: 5 Township: 14s Range: 44w Meridian: 6
 Footage at surface: Distance: 1867 feet Direction: FSL Distance: 737 feet Direction: FWL
 As Drilled Latitude: 38.861430 As Drilled Longitude: -102.367290

GPS Data:
 Date of Measurement: 07/11/2013 PDOP Reading: 3.1 GPS Instrument Operator's Name: Elijah Frane

** 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: CHEYENNE WELLS 10. Field Number: 11050
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/17/2013 13. Date TD: 06/24/2013 14. Date Casing Set or D&A: 06/25/2013

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

16. Total Depth MD 5641 TVD** _____ 17 Plug Back Total Depth MD 5633 TVD** _____

18. Elevations GR 4307 KB 4323 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
 MUD 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	17+1/2	13+3/8	54	0	426	400	0	426	VISU
1ST	7+7/8	5+1/2	15.5	0	5,633	150	4,760	5,633	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	2,545	250	1,200	2,545
STAGE TOOL	1ST	4,305	100	4,000	4,722

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	697	1,357	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,817	1,990	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,155	2,210	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,113	3,149	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,152	4,338	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,382	4,748	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,748	4,783	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,882	4,890	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,015	5,160	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,160	5,269	<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,269	5,322	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,404	5,406	<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,526	5,557	<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,557	5,576	<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: Jake Flora

Title: Petroleum Engineer

Date: _____

Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
400448025	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400445964	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400445965	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400448026	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)