

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:

400448027

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 05-017-07746-00

6. County: CHEYENNE

7. Well Name: Harley

Well Number: 4

8. Location: QtrQtr: SESW Section: 5 Township: 14s Range: 44w Meridian: 6

Footage at surface: Distance: 620 feet Direction: FSL Distance: 1943 feet Direction: FEL

As Drilled Latitude: 38.858010 As Drilled Longitude: -102.362970

GPS Data:

Data 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) 05/28/2013 13. Date TD: 07/06/2013 14. Date Casing Set or D&A: 07/07/2013

15. Well Classification:

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

16. Total Depth MD 5570 TVD** 17 Plug Back Total Depth MD 5566 TVD**

18. Elevations GR 4293 KB 4310

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	435	375	0	435	VISU
1ST	7+7/8	5+1/2	15.5	0	5,566	200	4,884	5,566	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	2,550	250	1,495	2,570
STAGE TOOL	1ST	4,319	100	3,404	4,319

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	687	1,342	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,801	1,972	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,141	2,205	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,099	3,135	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,142	4,330	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,371	4,735	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,735	4,773	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,869	5,006	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,006	5,154	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,154	5,259	<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,259	5,329	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,401	5,404	<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW-OSAGE	5,487	5,563	<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 ?			
<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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448031	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400448028	PDF-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448029	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400448030	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)