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Document Number:  
400486854

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 05-017-07753-00 6. County: CHEYENNE  
 7. Well Name: Smith Well Number: 1  
 8. Location: QtrQtr: SENE Section: 6 Township: 14S Range: 44W Meridian: 6  
 Footage at surface: Distance: 1608 feet Direction: FNL Distance: 660 feet Direction: FEL  
 As Drilled Latitude: 38.865050 As Drilled Longitude: -102.372310

GPS Data:  
 Date of Measurement: 10/10/2013 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: SPUR 10. Field Number: 78800  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 07/28/2013 13. Date TD: 08/14/2013 14. Date Casing Set or D&A: 08/16/2013

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

16. Total Depth MD 5652 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 5624 TVD\*\* \_\_\_\_\_

18. Elevations GR 4316 KB 4322 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/SP/Caliper

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	48	0	462	375	0	462	VISU
1ST	7+7/8	5+1/2	15.5	0	5,634	125	4,550	5,634	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 08/21/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	2,500	250	1,140	2,500
STAGE TOOL	S.C. 1.2	4,274	100	3,500	4,272

Details of work:

Locate btm PC at 4274', open, mix and pump 100sx OWC 1.42 yield cement with full returns during job, reverse out. WOC 3 hrs. Open upper PC at 2500', mix and pump 250sx 60/40 POX 1.90 yield cement, full returns, reverse out clean, TOO. H.

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	709		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,822		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,143		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,120		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,157		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,389		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,753		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,892		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,028		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,172		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,335		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,408		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,560		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,565		<input type="checkbox"/>	<input type="checkbox"/>	
ST JOE	5,580		<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: Petroelum Engineer Date: \_\_\_\_\_ Email: jakeflora@kfrcorp.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400487380	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"/>
<b>Other Attachments</b>			
400486859	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494610	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494614	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495587	PDF-CBL 1ST RUN	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)