

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



DE ET OE ES

Document Number:
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Date Received:

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, reoperation 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: 10422
2. Name of Operator: PRONGHORN OPERATING LLC
3. Address: 8400 E PRENTICE AVENUE #1000
City: GREENWOOD State: CO Zip: 80111
4. Contact Name: Jake Flora
Phone: (720) 988-5375
Fax:

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
9. Field Name: SPUR Field Code: 78800

Completed Interval

FORMATION: OSAGE Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 08/22/2013 End Date: 08/22/2013 Date of First Production this formation:

Perforations Top: 5542 Bottom: 5548 No. Holes: 24 Hole size: 01/2

Provide a brief summary of the formation treatment: Open Hole:

Displace in 500gal 15% HCL, perms took acid on a vac at 2.4bpm, flush with 32bbbls water.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 44 Max pressure during treatment (psi): 0

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12 Number of staged intervals:

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 254

Fresh water used in treatment (bbl): 32 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: 08/23/2013 Hours: 6 Bbl oil: 2 Mcf Gas: 0 Bbl H2O: 140

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 0 Bbl H2O: 1000 GOR: 0

Test Method: swab Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 37

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5560 Tbg setting date: 08/22/2013 Packer Depth:

Reason for Non-Production: Extremely hi water cut & rate.

Date formation Abandoned: 08/26/2013 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 5490 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SHAWNEE Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 4208 Bottom: 4212 No. Holes: 16 Hole size: 01/2

Provide a brief summary of the formation treatment: _____ Open Hole:

No treatments were performed.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

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): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

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: 10/21/2013 Hours: 24 Bbl oil: 19 Mcf Gas: 0 Bbl H2O: 230

Calculated 24 hour rate: Bbl oil: 19 Mcf Gas: 0 Bbl H2O: 230 GOR: 0

Test Method: pump Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4239 Tbg setting date: 09/03/2013 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.

FORMATION: SPERGEN Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 08/28/2013 End Date: 08/28/2013 Date of First Production this formation:

Perforations Top: 5416 Bottom: 5421 No. Holes: 20 Hole size: 01/2

Provide a brief summary of the formation treatment: Open Hole:

Pump 500gal 15% HCL acid, initial injection 400 psi at 0.1bpm, final injection 200psi at 0.7bpm, flush with 31bbbls water

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 43 Max pressure during treatment (psi): 400

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12 Number of staged intervals:

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 45

Fresh water used in treatment (bbl): 31 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: 08/29/2013 Hours: 3 Bbl oil: 1 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5369 Tbg setting date: 08/28/2013 Packer Depth: 5369

Reason for Non-Production: Final swab run 60% oil, poor inflow.

Date formation Abandoned: 08/30/2013 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 5390 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

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

Table with 2 columns: Att Doc Num, Name. Row 1: 400515444, WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)