

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reperforation 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 05-017-07744-00
6. County: CHEYENNE
7. Well Name: Harley
Well Number: 2
8. Location: QtrQtr: NWNE Section: 5 Township: 14s Range: 44w Meridian: 6
9. Field Name: CHEYENNE WELLS Field Code: 11050

Completed Interval

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

Treatment Date: 09/06/2013 End Date: 09/09/2013 Date of First Production this formation:

Perforations Top: 5446 Bottom: 5491 No. Holes: 40 Hole size: 01/2

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

Pumped 500gal 15% HCL.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 42 Max pressure during treatment (psi): 100
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): 117
Fresh water used in treatment (bbl): 30 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: 09/09/2013 Hours: 7 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 117
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 500 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: 5450 Tbg setting date: 09/09/2013 Packer Depth: 5400

Reason for Non-Production: Tested saltwater.

Date formation Abandoned: 09/10/2013 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 5430 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SPERGEN Status: PRODUCING Treatment Type: _____
 Treatment Date: 09/18/2013 End Date: 09/18/2013 Date of First Production this formation: 10/11/2013
 Perforations Top: 5325 Bottom: 5354 No. Holes: 52 Hole size: 01/2

Provide a brief summary of the formation treatment: _____ Open Hole:
 Pumped 500gal 15% HCL

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 42 Max pressure during treatment (psi): 200
 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): 35
 Fresh water used in treatment (bbl): 30 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: 09/11/2013 Hours: 24 Bbl oil: 101 Mcf Gas: 0 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 101 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
 Test Method: pump Casing PSI: 0 Tubing PSI: 40 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 38
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5372 Tbg setting date: 09/19/2013 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.

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: 11/20/2013 Email jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Name
400515409	FORM 5A SUBMITTED
400515414	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)