

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:

400515745

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 05-017-07756-00

6. County: CHEYENNE

7. Well Name: Beek

Well Number: 2

8. Location: QtrQtr: SENE Section: 20 Township: 13S Range: 44W Meridian: 6

Footage at surface: Distance: 1908 feet Direction: FNL Distance: 620 feet Direction: FEL

As Drilled Latitude: 38.908260 As Drilled Longitude: -102.354190

## GPS Data:

Data of Measurement: 10/29/2013 PDOP Reading: 2.1 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: SMOKY CREEK

10. Field Number: 77560

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/30/2013 13. Date TD: 09/10/2013 14. Date Casing Set or D&amp;A: 09/13/2013

## 15. Well Classification:

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

16. Total Depth MD 5552 TVD\*\* 17 Plug Back Total Depth MD 5543 TVD\*\*

18. Elevations GR 4253 KB 4265

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:

Porosity Log (Cased Hole Reservoir Saturation Tool)  
CBL

## 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	452	400	0	452	VISU
1ST	7+7/8	5+1/2	15.5	0	5,552	150	5,000	5,552	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	2,623	250	1,424	2,656
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	768		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,651		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,222		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,109		<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	3,955		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,138		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,354		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,724		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,861		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,012		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,143		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,300		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,375		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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>					
400515763	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"/>
<u>Other Attachments</u>					
400515769	PDF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400515787	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400515854	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)