

FORM 5 Rev 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



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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.

Completion Type [X] 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:
Date 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&A: 09/13/2013

15. Well Classification:
[] Dry [X] 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

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status. Rows include SURF and 1ST casing types.

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:

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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)