

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



Table with columns DE, ET, OE, ES

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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, 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:
Email: jakeflora@kfrcorp.com

5. API Number 05-017-07741-00
6. County: CHEYENNE
7. Well Name: UPRR #14-5
Well Number: 1X
8. Location: QtrQtr: SWSW 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: 07/04/2013 End Date: 07/04/2013 Date of First Production this formation:

Perforations Top: 5512 Bottom: 5520 No. Holes: 32 Hole size: 01/2

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

Pumped 500 gal 15% HCL.

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

Total fluid used in treatment (bbl): 44 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): 200

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: 07/04/2013 Hours: 8 Bbl oil: 1 Mcf Gas: 0 Bbl H2O: 180

Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 0 Bbl H2O: 500 GOR:

Test Method: swab 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: 5525 Tbg setting date: 04/18/2013 Packer Depth: 5489

Reason for Non-Production: Saltwater

Date formation Abandoned: 07/08/2013 Squeeze: [] Yes [X] 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: DRY AND ABANDONED Treatment Type: ACID JOB

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

Perforations Top: 4168 Bottom: 4171 No. Holes: 12 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): 33 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): 90

Fresh water used in treatment (bbl): 21 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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

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

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: 100% Saltwater.

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: 07/08/2013 End Date: 07/08/2013 Date of First Production this formation:

Perforations Top: 5387 Bottom: 5395 No. Holes: 32 Hole size: 01/2

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

Pumped 500 gal 15% HCL.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 43 Max pressure during treatment (psi): 500

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): 58

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: 07/08/2013 Hours: 5 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 58

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 20 GOR: 0

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: 01/2

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5415 Tbg setting date: 07/08/2013 Packer Depth: 5343

Reason for Non-Production: Dry.

Date formation Abandoned: 07/15/2013 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 5365 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

E-Form will not allow me to upload scanned PDF files (or any files) as attachments. I have emailed the necessary attachments to Mr. Sutphin at the COGCC. Sorry for the inconvenience.

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 columns Att Doc Num and Name

Total Attach: 0 Files

General Comments

Table with columns User Group, Comment, and Comment Date

Total: 0 comment(s)