

Document Number:  
400527995

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 05-017-07760-00 6. County: CHEYENNE  
 7. Well Name: Hanavan Well Number: 1  
 8. Location: QtrQtr: NWNW Section: 21 Township: 13S Range: 44W Meridian: 6  
 Footage at surface: Distance: 610 feet Direction: FNL Distance: 610 feet Direction: FWL  
 As Drilled Latitude: 38.911910 As Drilled Longitude: -102.349900

GPS Data:  
 Date of Measurement: 12/05/2013 PDOP Reading: 2.4 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) 10/26/2013 13. Date TD: 11/03/2013 14. Date Casing Set or D&A: 11/05/2013

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5504 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 5502 TVD\*\* \_\_\_\_\_

18. Elevations GR 4261 KB 4273  
 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:  
 SONIC  
 INDUCTION  
 NEUTRON DENSITY POROSITY

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	470	425	0	470	VISU
1ST	7+7/8	5+1/2	15.5	0	5,502	150	5,254	5,502	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	S.C. 1.1	2,693	250	978	2,704
STAGE TOOL	S.C. 1.2	4,422	100	3,212	4,431
SQUEEZE	1ST	5,185	75	5,040	5,240

Details of work:

Perforated 5185-5186 ft, set packer at 4935 ft, squeeze 75 sx Class A OWC 1.42 yield, unset packer, reverse out, TOO. H.

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	750		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,136	2,302	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,476	2,548	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,114		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,143		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,398		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,718		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,869		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,002		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,144		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,270		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,381		<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 ?	
<b>Attachment Checklist</b>			
400530233	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"/>
<b>Other Attachments</b>			
400530192	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530204	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532659	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532665	PDF-CBL 2ND RUN	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)