

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



DE ET OE ES

Document Number:

400436672

Date Received:

07/02/2013

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 05-017-07739-00 6. County: CHEYENNE
7. Well Name: SILVER HEELS Well Number: 1
8. Location: QtrQtr: SENW Section: 9 Township: 13S Range: 46W Meridian: 6
Footage at surface: Distance: 2242 feet Direction: FNL Distance: 2041 feet Direction: FWL
As Drilled Latitude: 38.934070 As Drilled Longitude: -102.567900

GPS Data:
Date of Measurement: 05/30/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Keith Westfall

** 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: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/10/2013 13. Date TD: 04/18/2013 14. Date Casing Set or D&A: 04/23/2013

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

16. Total Depth MD 6032 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4586 KB 4602
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:
GR
Density-Neutron
Induction
Sonic
*all logs were obtained on a single combination logging run

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. Row 1: SURF, 12+1/4, 8+5/8, 24, 0, 486, 300, 0, 486, VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	1,056	1,190	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	1,683	1,766	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	1,766	1,792	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,304	2,382	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,496	2,734	<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	3,226	3,316	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,479	3,512	<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	4,312	4,314	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,492	4,590	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,704	4,984	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	5,078	5,230	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	5,230	5,392	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,540	5,692	<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,696	5,701	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,790	5,850	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The COGCC E-FORM produces an error when attempting to upload logs or attachments. I will email them to Larry Coler directly.

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: 7/2/2013 Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2518473	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			
2518475	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2518476	MUD LOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2518477	TRIPLE COMBO	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400436672	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Operator states well has been plugged and abandoned. Reminded operator about Form 6	2/25/2014 2:10:43 PM

Total: 1 comment(s)