

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:
400486854

Date Received:
10/15/2013

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. 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 05-017-07753-00 6. County: CHEYENNE
 7. Well Name: Smith Well Number: 1
 8. Location: QtrQtr: SENE Section: 6 Township: 14S Range: 44W Meridian: 6
 Footage at surface: Distance: 1608 feet Direction: FNL Distance: 660 feet Direction: FEL
 As Drilled Latitude: 38.865050 As Drilled Longitude: -102.372310

GPS Data:
 Date of Measurement: 10/10/2013 PDOP Reading: 3.1 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: SPUR 10. Field Number: 78800
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/28/2013 13. Date TD: 08/14/2013 14. Date Casing Set or D&A: 08/16/2013

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

16. Total Depth MD 5652 TVD** _____ 17 Plug Back Total Depth MD 5624 TVD** _____

18. Elevations GR 4316 KB 4322 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/SP/Caliper

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	462	375	0	462	VISU
1ST	7+7/8	5+1/2	15.5	0	5,634	125	4,550	5,634	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/21/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	2,500	250	1,140	2,500
STAGE TOOL	S.C. 1.2	4,274	100	3,500	4,272

Details of work:

Locate btm PC at 4274', open, mix and pump 100sx OWC 1.42 yield cement with full returns during job, reverse out. WOC 3 hrs. Open upper PC at 2500', mix and pump 250sx 60/40 POX 1.90 yield cement, full returns, reverse out clean, TOOH.

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	709		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,822		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,143		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,120		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,157		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,389		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,753		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,892		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,028		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,172		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,335		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,408		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,560		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,565		<input type="checkbox"/>	<input type="checkbox"/>	
ST JOE	5,580		<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: Petroelum Engineer Date: 10/15/2013 Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400487380	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"/>
400494610	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400486854	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400486859	PDF-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400494614	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495587	PDF-CBL 1ST 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)