

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.

Document Number:
 400527995

Date Received:
 12/30/2013

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: <u>10422</u>	4. Contact Name: <u>Jake Flora</u>
2. Name of Operator: <u>PRONGHORN OPERATING LLC</u>	Phone: <u>(720) 988-5375</u>
3. Address: <u>8400 E PRENTICE AVENUE #1000</u>	Fax: _____
City: <u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</u>	

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

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 <u>4261</u> KB <u>4273</u>	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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19. List Electric Logs Run:

SONIC
 INDUCTION
 NEUTRON DENSITY POROSITY
 Triple combo
 CBL 1st run
 CBL 2nd run

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	225	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	2,693
STAGE TOOL	S.C. 1.2	4,422	100	3,212	4,422
SQUEEZE	1ST	5,185	75	5,040	5,185

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, 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	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: 12/30/2013 Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
2518845	INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2518846	NEUTRON-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2518847	SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400527995	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530192	TRIPLE COMBINATION-LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530204	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532659	CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532665	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>
Engineer	surface cement ticket Remarks say mixed 225 sacks; invoice says operator charged for 425 sacks. Changed sacks to 225 based on remarks. cement bottoms on stage tab updated to match setting depths & cement ticket. Attached logs added to drilling tab.	3/5/2014 9:54:45 AM
Permit	Attached requested logs.	1/3/2014 1:10:23 PM
Permit	Requested PDF of induction density neutron sonic logs.	1/3/2014 8:09:02 AM

Total: 3 comment(s)