

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



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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 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 Email: jakeflora@kfrcorp.com

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
 9. Field Name: SMOKY CREEK Field Code: 77560

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 11/15/2013 End Date: 11/15/2013 Date of First Production this formation: _____

Perforations Top: 5385 Bottom: 5391 No. Holes: 24 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): 150

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): 96

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: 01/15/2014 Hours: 24 Bbl oil: 80 Mcf Gas: 0 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 80 Mcf Gas: 0 Bbl H2O: 12 GOR: 0

Test Method: pump Casing PSI: 0 Tubing PSI: 30 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5441 Tbg setting date: 11/20/2013 Packer Depth: _____

Reason for Non-Production: _____

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.

Comment:

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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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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