

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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Document Number:

400515951

Date Received:

03/12/2014

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
2. Name of Operator: PRONGHORN OPERATING LLC
3. Address: 8400 E PRENTICE AVENUE #1000
City: GREENWOOD State: CO Zip: 80111
4. Contact Name: Jake Flora
Phone: (720) 988-5375
Fax:
Email: jakeflora@kfrcorp.com

5. API Number 05-017-07757-00
6. County: CHEYENNE
7. Well Name: Betty
Well Number: 1
8. Location: QtrQtr: NWNW Section: 6 Township: 15S Range: 44W Meridian: 6
9. Field Name: LADDER CREEK Field Code: 47600

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 10/24/2013 End Date: 10/24/2013 Date of First Production this formation:

Perforations Top: 5358 Bottom: 5364 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): 200

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): 171

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: 03/10/2014 Hours: 24 Bbl oil: 18 Mcf Gas: 0 Bbl H2O: 100

Calculated 24 hour rate: Bbl oil: 18 Mcf Gas: 0 Bbl H2O: 100 GOR: 0

Test Method: pump Casing PSI: 0 Tubing PSI: 40 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 39

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5370 Tbg setting date: 10/28/2013 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: 3/12/2014 Email jakeflora@kfrcorp.com
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Attachment Check List

Att Doc Num Name

400515951	FORM 5A SUBMITTED
400515953	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)