

FORM
5Rev
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:

400627747

Date Received:

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 05-017-06912-00

6. County: CHEYENNE

7. Well Name: KERNE-SHARPE

Well Number: 1-22

8. Location: QtrQtr: SWNW Section: 22 Township: 13S Range: 44W Meridian: 6

Footage at surface: Distance: 1964 feet Direction: FNL Distance: 612 feet Direction: FWL

As Drilled Latitude: 38.908510 As Drilled Longitude: -102.331280

GPS Data:

Date of Measurement: 02/29/2012 PDOP Reading: 2.4 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) 09/09/2012 13. Date TD: 09/15/2012 14. Date Casing Set or D&A: 09/15/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5562 TVD** 17 Plug Back Total Depth MD 4908 TVD**

18. Elevations GR 4235 KB 4247

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:

This was a re-entry, no new open hole logs were 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	12+1/4	8+5/8	24	0	347	225	0	347	VISU
1ST	7+7/8	5+1/2	15.5	0	4,950	175	4,100	4,950	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	1ST	2,617	200	630	2,630
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	886		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	1,960		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,048		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,350		<input type="checkbox"/>	<input type="checkbox"/>	
TOPEKA	4,140		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,373		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,812		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,881		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,155		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,274		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,326		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,402		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This is a re-entry. No new open hole logs were run. All attachments will be emailed.

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)