

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400634389 Date Received:				
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: <u>10422</u> 2. Name of Operator: <u>PRONGHORN OPERATING LLC</u> 3. Address: <u>8400 E PRENTICE AVENUE #1000</u> City: <u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</u>	4. Contact Name: <u>Jake Flora</u> Phone: <u>(720) 988-5375</u> Fax: _____ Email: <u>jakeflora@kfrcorp.com</u>
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5. API Number <u>05-017-07561-00</u> 7. Well Name: <u>Nehring</u> 8. Location: QtrQtr: <u>NENW</u> Section: <u>12</u> Township: <u>15s</u> Range: <u>45w</u> Meridian: <u>6</u> 9. Field Name: <u>LADDER CREEK</u> Field Code: <u>47600</u>	6. County: <u>CHEYENNE</u> Well Number: <u>2-12</u>
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Completed Interval

FORMATION: <u>ST LOUIS</u>	Status: <u>DRY AND ABANDONED</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>05/15/2014</u>	End Date: <u>05/15/2014</u>	Date of First Production this formation: _____
Perforations Top: <u>5178</u>	Bottom: <u>5184</u>	No. Holes: <u>24</u> Hole size: <u>01/2</u>

Provide a brief summary of the formation treatment: Open Hole:

Pumped 500 gal 15% HCL, 30 bbls flush. Well swabbed dry after acid job, zero inflow.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>42</u>	Max pressure during treatment (psi): <u>100</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): <u>112</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>30</u>
Fresh water used in treatment (bbl): <u>30</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/15/2014</u>	Hours: <u>4</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>swab</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5190</u>	Tbg setting date: <u>05/15/2014</u>	Packer Depth: <u>5150</u>	

Reason for Non-Production: Dry, no inflow

Date formation Abandoned: 05/20/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5120 ** Sacks cement on top: 2 ** 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**

400638405	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)