

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:
400638438

Date Received:

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 05-017-07786-00 6. County: CHEYENNE
 7. Well Name: Daisy Duke Well Number: 1
 8. Location: QtrQtr: NENW Section: 7 Township: 15S Range: 44W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 1980 feet Direction: FWL
 As Drilled Latitude: 38.767310 As Drilled Longitude: -102.381150

GPS Data:
 Date of Measurement: 07/11/2014 PDOP Reading: 2.8 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: LADDER CREEK 10. Field Number: 47600
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/27/2014 13. Date TD: 06/03/2014 14. Date Casing Set or D&A: 06/05/2014

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5315 TVD** _____ 17 Plug Back Total Depth MD 5314 TVD** _____

18. Elevations GR 4252 KB 4263
 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:
GR, INDUCTION, NEUTRON DENSITY, SONIC

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	503	450	0	503	VISU
1ST	8+5/8	5+1/2	15.5	0	5,314	100	4,370	5,314	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	2,582	250	760	2,600
STAGE TOOL	S.C. 1.2	4,132	100	3,020	4,350
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	543		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	2,968		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,014		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,243		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,662		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,850		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,968		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,119		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,236		<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: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400643772	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"/>
<u>Other Attachments</u>			
400638612	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400638625	TIF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400638651	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400638680	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400644533	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653147	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)