

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:

400638462

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 05-017-07788-00

6. County: CHEYENNE

7. Well Name: Boss Hogg

Well Number: 1

8. Location: QtrQtr: SESW Section: 1 Township: 15s Range: 45w Meridian: 6

Footage at surface: Distance: 1300 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 38.772440 As Drilled Longitude: -102.399730

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) 06/10/2014 13. Date TD: 06/23/2014 14. Date Casing Set or D&A: 06/24/2014

15. Well Classification:

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

16. Total Depth MD 5370 TVD** 17 Plug Back Total Depth MD 5369 TVD**

18. Elevations GR 4321 KB 4332

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, SONIC, DENSITY NEUTRON

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	530	475	0	530	VISU
1ST	12+1/4	8+5/8	24	0	1,622	100	1,000	1,622	CALC
2ND	7+7/8	5+1/2	15.5	0	5,369	105	4,500	5,369	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. 2.1	2,353	250	295	2,400
STAGE TOOL	S.C. 2.2	4,335	100	3,040	4,354

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	533		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,065		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,288		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,769		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,890		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,998		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,138		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,251		<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 FloraTitle: Petroleum Engineer Date: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400672605	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>					
400638582	TIF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638596	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638599	TIF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400638609	TIF-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400653165	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400672594	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)