

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:
400638462

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 05-017-07788-00 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 Flora

Title: Petroleum Engineer Date: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
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

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

Total: 0 comment(s)