

**FORM**  
**5**  
Rev  
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



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Document Number:  
400638462

Date Received:  
08/25/2014

**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 Flora

Title: Petroleum Engineer Date: 8/25/2014 Email: jakeflora@kfrcorp.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
400638462	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400638582	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400638596	LAS-TRIPLE COMBINATION	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-CEMENT BOND	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)