

FORM  
5Rev  
09/14State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400638438

Date Received:

07/30/2014

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10422 Contact Name: Jake Flora  
Name of Operator: PRONGHORN OPERATING LLC Phone: (720) 988-5375  
Address: 8400 E PRENTICE AVENUE #1000 Fax:  
City: GREENWOOD State: CO Zip: 80111

API Number 05-017-07786-00 County: CHEYENNE  
Well Name: Daisy Duke Well Number: 1  
Location: QtrQtr: NENW Section: 7 Township: 15S Range: 44W Meridian: 6  
Footage at surface: Distance: 660 feet Direction: FNL Distance: 1981 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:

Field Name: LADDER CREEK Field Number: 47600

Federal, Indian or State Lease Number:

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

Rig Release Date: Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 5315 TVD\*\* Plug Back Total Depth MD 5314 TVD\*\*

Elevations GR 4252 KB 4263 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

GR, INDUCTION, NEUTRON DENSITY, SONIC

## CASING, LINER AND CEMENT

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	7+7/8	5+1/2	15.5	0	5,314	105	2,126	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:

### **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	543		NO	NO	
STONE CORRAL	2,968		NO	NO	
SHAWNEE	4,014		NO	NO	
LANSING	4,243		NO	NO	
FORT SCOTT	4,662		NO	NO	
ATOKA	4,850		NO	NO	
MORROW	4,968		NO	NO	
ST LOUIS	5,119		NO	NO	
SPERGEN	5,236		NO	NO	

Operator Comments

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: 7/30/2014 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>		
400638438	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400638612	LAS-COMPOSITE	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-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400653147	PLAT	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)