

FORM
5

Rev
09/14

State 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:

400638500

Date Received:

08/04/2014

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 05-017-07787-00 County: CHEYENNE
Well Name: Betty Well Number: 2
Location: QtrQtr: SWSE Section: 6 Township: 15s Range: 44w Meridian: 6
Footage at surface: Distance: 632 feet Direction: FSL Distance: 2030 feet Direction: FEL
As Drilled Latitude: 38.770890 As Drilled Longitude: -102.376350

GPS Data:
Date of Measurement: 07/11/2014 PDOP Reading: 2.6 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) 06/27/2014 Date TD: 07/05/2014 Date Casing Set or D&A: 07/06/2014
Rig Release Date: Per Rule 308A.b.

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

Total Depth MD 5383 TVD** Plug Back Total Depth MD 5382 TVD**
Elevations GR 4252 KB 4264 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
triple combo, composite- LAS, Denisty/neutron, CBL

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	526	475	0	526	VISU
1ST	7+7/8	5+1/2	15.5	0	5,382	105	1,500	5,382	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	4,253	100	2,440	4,254
STAGE TOOL	S.C. 1.2	2,313	250	662	2,440

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	708		NO	NO	
STONE CORRAL	2,979		NO	NO	
SHAWNEE	4,032		NO	NO	
LANSING	4,262		NO	NO	
FORT SCOTT	4,668		NO	NO	
ATOKA	4,859		NO	NO	
MORROW	4,972		NO	NO	
ST LOUIS	5,131		NO	NO	
SPERGEN	5,272		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: 8/4/2014 Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400654868	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			
400638500	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653170	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653537	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653538	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653539	TIF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400656196	PDF-CBL 1ST RUN	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)