

FORM
5A

Rev
06/12

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:

400653556

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10422
2. Name of Operator: PRONGHORN OPERATING LLC
3. Address: 8400 E PRENTICE AVENUE #1000
City: GREENWOOD State: CO Zip: 80111
4. Contact Name: Jake Flora
Phone: (720) 9885375
Fax:
Email: jakeflora@kfrcorp.com

5. API Number 05-017-07787-00
6. County: CHEYENNE
7. Well Name: Betty
Well Number: 2
8. Location: QtrQtr: SWSE Section: 6 Township: 15s Range: 44w Meridian: 6
9. Field Name: LADDER CREEK Field Code: 47600

Completed Interval

FORMATION: SPERGEN Status: DRY AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 08/19/2014 End Date: 08/19/2014 Date of First Production this formation:
Perforations Top: 5282 Bottom: 5310 No. Holes: 40 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 500gal 15% HCL

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 33

Max pressure during treatment (psi): 400

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12

Number of staged intervals:

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: DISPOSAL

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/20/2014 Hours: 2 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 24
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 200 GOR: 0
Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5290 Tbg setting date: 08/19/2014 Packer Depth: 5220

Reason for Non-Production: Wet.

Date formation Abandoned: 08/21/2014 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 5274 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: ST LOUIS Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 08/26/2014 End Date: 08/26/2014 Date of First Production this formation: 10/16/2014
Perforations Top: 5216 Bottom: 5226 No. Holes: 40 Hole size: 0
Provide a brief summary of the formation treatment: Open Hole: ☐

Pumped 500gal 15% HCL.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 44

Max pressure during treatment (psi): 200

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12

Number of staged intervals:

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 100

Fresh water used in treatment (bbl): 32

Disposition method for flowback: DISPOSAL

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/16/2014 Hours: 24 Bbl oil: 95 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 95 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: pump Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 39
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5197 Tbg setting date: 08/27/2014 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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 Name

400738828 WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Total: 0 comment(s)