

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:
400771283

Date Received:

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 05-073-06271-00 County: LINCOLN

Well Name: Stegas 23-15 Well Number: 1

Location: QtrQtr: NESW Section: 15 Township: 11S Range: 53w Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1993 feet Direction: FWL

As Drilled Latitude: 39.087120 As Drilled Longitude: -103.324100

GPS Data:
Date of Measurement: 07/17/2014 PDOP Reading: 1.9 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: COON CREEK Field Number: 11641

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/04/2014 Date TD: 12/08/2014 Date Casing Set or D&A: 12/09/2014

Rig Release Date: 12/09/2014 Per Rule 308A.b.

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

Total Depth MD 7320 TVD** _____ Plug Back Total Depth MD 7311 TVD** _____

Elevations GR 5007 KB 5017 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
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	12+1/4	8+5/8	24	0	517	310	0	517	VISU
1ST	7+7/8	5+1/2	15.5	0	7,311	310	6,002	7,311	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
FORT HAYS	2,756		NO	NO	
CODELL	2,850		NO	NO	
DAKOTA	3,248		NO	NO	
CHEYENNE	3,521		NO	NO	
STONE CORRAL	4,477		NO	NO	
SHAWNEE	5,303		NO	NO	
LANSING-KANSAS CITY	5,810		NO	NO	
MARMATON	6,235		NO	NO	
CHEROKEE	6,344		NO	NO	
KEYES	7,010		NO	NO	
SPERGEN	7,124		NO	NO	
OSAGE	7,220		NO	NO	

Comment:

This was a re-entry, the 7/17/2014 survey is the as-drilled. A form 6 intent to abandon will be filed after the form 5 is approved.

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			
400794168	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			
400785190	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)