

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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) 988-5375
Fax:
Email: jakeflora@kfrcorp.com

5. API Number 05-017-07757-00
6. County: CHEYENNE
7. Well Name: Betty
Well Number: 1
8. Location: QtrQtr: NWNW Section: 6 Township: 15S Range: 44W Meridian: 6
9. Field Name: LADDER CREEK Field Code: 47600

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 04/19/2017 End Date: 04/19/2017 Date of First Production this formation: 04/21/2017
Perforations Top: 5338 Bottom: 5364 No. Holes: 40 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: []

added in-zone perforations 5338-48'
set CIBP @ 5354'
soaked w 1500 gal 15% HCL

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 42
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl): 36
Recycled water used in treatment (bbl): 0
Fresh water used in treatment (bbl): 6
Total proppant used (lbs):
Max pressure during treatment (psi): 0
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl): 60
Disposition method for flowback: DISPOSAL
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/20/2017 Hours: 3 Bbl oil: 2 Mcf Gas: 0 Bbl H2O: 50
Calculated 24 hour rate: Bbl oil: 15 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: 36
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5330 Tbg setting date: 04/19/2017 Packer Depth: 5330

Reason for Non-Production:

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

** Bridge Plug Depth: 5354 ** Sacks cement on top: 0 ** 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: 7/14/2017 Email jakeflora@kfrcorp.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401310572	FORM 5A SUBMITTED
401341892	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator confirmed perf interval.	07/14/2017
Permit	Confirm perf interval. Returned to draft.	06/16/2017

Total: 2 comment(s)