

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:

401341937

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

5. API Number 05-017-07756-00
6. County: CHEYENNE
7. Well Name: Beek
Well Number: 2
8. Location: QtrQtr: SENE Section: 20 Township: 13S Range: 44W Meridian: 6
9. Field Name: SMOKY CREEK Field Code: 77560

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 04/11/2017 End Date: 04/11/2017 Date of First Production this formation: 04/10/2014
Perforations Top: 5378 Bottom: 5404 No. Holes: 60 Hole size: 03/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

add in-zone perms 5378-5393
soak w 1000 gal 15% HCL

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

Total fluid used in treatment (bbl): 36 Max pressure during treatment (psi): 0
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): 24 Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 33
Fresh water used in treatment (bbl): 12 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: 04/14/2017 Hours: 24 Bbl oil: 37 Mcf Gas: 0 Bbl H2O: 40
Calculated 24 hour rate: Bbl oil: 37 Mcf Gas: 0 Bbl H2O: 40 GOR:
Test Method: pump 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: 5400 Tbg setting date: 04/12/2017 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:

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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**

401341939	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)