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| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: 401626586 Date Received: | | | | |
| 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. | | | | | | | |

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| 1. OGCC Operator Number: <u>10422</u> 2. Name of Operator: <u>PRONGHORN OPERATING LLC</u> 3. Address: <u>8400 E PRENTICE AVENUE #1000</u> City: <u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</u> | 4. Contact Name: <u>Jake Flora</u> Phone: <u>(720) 9885375</u> Fax: _____ Email: <u>jakeflora@kfrcorp.com</u> |
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| 5. API Number <u>05-017-07745-00</u> 7. Well Name: <u>Harley</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>5</u> Township: <u>14s</u> Range: <u>44w</u> Meridian: <u>6</u> 9. Field Name: <u>CHEYENNE WELLS</u> Field Code: <u>11050</u> | 6. County: <u>CHEYENNE</u> Well Number: <u>5</u> |
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Completed Interval

| | | |
|-----------------------------------|-----------------------------|--|
| FORMATION: <u>SPERGEN</u> | Status: <u>ACTIVE</u> | Treatment Type: <u>ACID JOB</u> |
| Treatment Date: <u>07/02/2013</u> | End Date: <u>07/02/2013</u> | Date of First Production this formation: <u>08/16/2013</u> |
| Perforations Top: <u>5406</u> | Bottom: <u>5414</u> | No. Holes: <u>32</u> Hole size: <u>0</u> |

Provide a brief summary of the formation treatment: _____ Open Hole:

500 gal 15% HCL w 30 bbls fresh water

This formation is commingled with another formation: Yes No

| | |
|--|--|
| Total fluid used in treatment (bbl): _____ | Max pressure during treatment (psi): <u>0</u> |
| Total gas used in treatment (mcf): <u>0</u> | Fluid density at initial fracture (lbs/gal): _____ |
| Type of gas used in treatment: _____ | Min frac gradient (psi/ft): _____ |
| Total acid used in treatment (bbl): <u>12</u> | Number of staged intervals: _____ |
| Recycled water used in treatment (bbl): _____ | Flowback volume recovered (bbl): <u>32</u> |
| Fresh water used in treatment (bbl): <u>30</u> | Disposition method for flowback: <u>DISPOSAL</u> |
| Total proppant used (lbs): _____ | Rule 805 green completion techniques were utilized: <input type="checkbox"/> |

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

| | | | | |
|-----------------------------|-----------------------------------|-------------------------------------|----------------------------|-------------------|
| Date: <u>08/16/2013</u> | Hours: <u>24</u> | Bbl oil: <u>40</u> | Mcf Gas: <u>0</u> | Bbl H2O: <u>0</u> |
| Calculated 24 hour rate: | Bbl oil: <u>40</u> | Mcf Gas: <u>0</u> | Bbl H2O: <u>0</u> | GOR: _____ |
| Test Method: <u>pump</u> | Casing PSI: <u>0</u> | Tubing PSI: <u>0</u> | Choke Size: _____ | |
| Gas Disposition: _____ | Gas Type: _____ | Btu Gas: <u>0</u> | API Gravity Oil: <u>36</u> | |
| Tubing Size: <u>2 + 7/8</u> | Tubing Setting Depth: <u>5415</u> | Tbg setting date: <u>07/02/2013</u> | 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:

This is a correction of perf depths to the original 5a

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
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Attachment Check List

Att Doc Num **Name**

| | |
|-----------|----------------------|
| 401626631 | WIRELINE JOB SUMMARY |
|-----------|----------------------|

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

| | | |
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| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)