

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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401641301
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05/17/2018

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 4. Contact Name: Jake Flora
 2. Name of Operator: PRONGHORN OPERATING LLC Phone: (720) 988-5375
 3. Address: 8400 E PRENTICE AVENUE #1000 Fax: _____
 City: GREENWOOD State: CO Zip: 80111 Email: jakeflora@kfrcorp.com

5. API Number 05-017-07746-00 6. County: CHEYENNE
 7. Well Name: Harley Well Number: 4
 8. Location: QtrQtr: SESW Section: 5 Township: 14s Range: 44w Meridian: 6
 9. Field Name: CHEYENNE WELLS Field Code: 11050

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 12/10/2013 End Date: 12/10/2013 Date of First Production this formation: 08/01/2013
 Perforations Top: 5400 Bottom: 5478 No. Holes: 64 Hole size: 0.5

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

Pumped 500 gal 15% HCL

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 42 Max pressure during treatment (psi): 100
 Total gas used in treatment (mcf): _____ 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): 50
 Fresh water used in treatment (bbl): 30 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: 08/25/2013 Hours: 6 Bbl oil: 5 Mcf Gas: 0 Bbl H2O: 50
 Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 0 Bbl H2O: 150 GOR: 0
 Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 35
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5410 Tbg setting date: 12/11/2013 Packer Depth: _____

Reason for Non-Production: Active Perfs: 5400-5408 ft
Abandoned Perfs: 5474-5478 ft

Date formation Abandoned: 12/10/2013 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5416 ** 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: 5/17/2018 Email: jakeflora@kfrcorp.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401641301	FORM 5A SUBMITTED
401641344	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft for operator corrections.	05/17/2018

Total: 1 comment(s)