

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:
400437235

Date Received:

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: <u>10422</u>	4. Contact Name: <u>Jake Flora</u>
2. Name of Operator: <u>PRONGHORN OPERATING LLC</u>	Phone: <u>(720) 988-5375</u>
3. Address: <u>8400 E PRENTICE AVENUE #1000</u>	Fax: _____
City: <u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</u>	

5. API Number <u>-017-07736-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>Shady Lady</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>36</u> Township: <u>12S</u> Range: <u>46W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1492</u> feet Direction: <u>FNL</u> Distance: <u>369</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>38.964500</u> As Drilled Longitude: <u>-102.502320</u>	

GPS Data:
Date of Measurement: 05/30/2013 PDOP Reading: 2.1 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: _____

9. Field Name: LADY LUCK 10. Field Number: 52120

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/30/2013 13. Date TD: 05/05/2013 14. Date Casing Set or D&A: 05/08/2013

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

16. Total Depth MD 5053 TVD** _____ 17 Plug Back Total Depth MD 4948 TVD** _____

18. Elevations GR 4466 KB 4482 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
GR
Density-Neutron
Sonic
Induction
*all logs were obtained in a single combination run

20. Casing, Liner and Cement:

CASING

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	473	275	0	473	VISU
1ST	7+7/8	5+1/2	15.5	0	4,973	225	3,470	4,973	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	2,965	200	500	2,965

Details of work:

RU pulling unit, located port collar at 2965, open port collar, mix & pump 200 sx 60/40 POX 1.9 yield cement, close port collar, reverse out clean, TOOH.

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	1,126	1,400	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	1,746	1,810	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,176	2,372	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,495	2,800	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,418	3,450	<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	4,249	4,252	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,433	4,572	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,656	5,053	<input type="checkbox"/>	<input type="checkbox"/>	

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: _____ Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400437237	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			
400437239	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400437240	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400437823	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)