



DE	ET	OE	ES
----	----	----	----

Document Number:
400437900

Date Received:

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.

Completion Type Final completion Preliminary 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

5. API Number 05-017-07747-00 6. County: CHEYENNE
 7. Well Name: Harley Well Number: 3
 8. Location: QtrQtr: NESW Section: 5 Township: 14S Range: 44W Meridian: 6
 Footage at surface: Distance: 1869 feet Direction: FSL Distance: 2013 feet Direction: FWL
 As Drilled Latitude: 38.861440 As Drilled Longitude: -102.362810

GPS Data:
 Date of Measurement: 06/13/2013 PDOP Reading: 3.2 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: CHEYENNE WELLS 10. Field Number: 11050
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/14/2013 13. Date TD: 05/24/2013 14. Date Casing Set or D&A: 05/25/2013

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

16. Total Depth MD 5579 TVD** _____ 17 Plug Back Total Depth MD 5520 TVD** _____

18. Elevations GR 4299 KB 4314 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
 Induction

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	493	425	0	493	VISU
1ST	7+7/8	5+1/2	15.5	0	5,574	150	5,014	5,574	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	S.C. 1.1	2,547	200	1,470	2,547
STAGE TOOL	S.C. 1.2	4,276	100	3,380	4,276

Details of work:

MIRU workover rig, TIH w 2-7/8" tubing, locate lower port collar at 4276', open port collar, mix & pump 100 sx Class A OWC 1.42 yield, close lower PC, reverse out to clean up. TOOH to upper PC at 2547', open, mix and pump 200 sx 60/40 POZ 1.9 yield cement, close upper PC, reverse out, 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	682	815	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	1,342	1,420	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,812	1,950	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,115	2,236	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,099	3,130	<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	3,945	3,950	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,132	4,277	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,393	4,600	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,600	4,858	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,858	4,997	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,133	5,250	<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,264	5,310	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,363	5,464	<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,492	5,532	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

The "As Drilled" post survey is attached as a Plat as there is no better option on the drop down box.

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			
400441777	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			
400437925	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400442608	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)