

FORM
5
Rev
02/08

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:
400438159

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
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:

5. API Number 05-017-07748-00
6. County: CHEYENNE
7. Well Name: Chesnee Well Number: 2
8. Location: QtrQtr: NENE Section: 7 Township: 14S Range: 44W Meridian: 6
Footage at surface: Distance: 731 feet Direction: FNL Distance: 636 feet Direction: FEL
As Drilled Latitude: 38.854270 As Drilled Longitude: -102.371970

GPS Data:
Date of Measurement: 07/11/2013 PDOP Reading: 2.5 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: SPUR 10. Field Number: 78800
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/30/2013 13. Date TD: 06/09/2013 14. Date Casing Set or D&A: 06/10/2013

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

16. Total Depth MD 5605 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4286 KB 4302
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
Neutron-Density
Induction
Mud Log

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	17+1/2	13+3/8	54	0	422	375	0	422	VISU
1ST	12+1/4	8+5/8	24	0	1,665	100	1,225	1,665	CALC
2ND	7+7/8	5+1/2	15.5	0	5,597	165	5,180	5,597	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/14/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	2,524	200	396	2,524

Details of work:

MIRU workover rig, TIH w 2-7/8" tubing, locate and open PC at 2524', mix and pump 200 sx 60/40 POZ 1.90 yield cement, close 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	692	730	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	1,394	1,470	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,858	1,993	<input type="checkbox"/>	<input type="checkbox"/>	
BLAINE	2,806	2,940	<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,090	3,126	<input type="checkbox"/>	<input type="checkbox"/>	
PENNSYLVANIAN	3,938	3,942	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,122	4,269	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,340	4,640	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,640	4,861	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,861	4,999	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,147	5,250	<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,250	5,324	<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,370	5,484	<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,500	5,540	<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			
400438184	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			
400438164	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400438169	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400448022	PDF-MUD	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)