

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

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DE ET OE ES

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Date Received:

07/15/2013

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
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
9. Field Name: SPUR Field Code: 78800

Completed Interval

FORMATION: OSAGE-ARBUCKLE Status: DRY AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 06/17/2013 End Date: 06/17/2013 Date of First Production this formation:
Perforations Top: 5542 Bottom: 5548 No. Holes: 24 Hole size: 01/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 500 gal 15% HCL into perfs at 5542-5548'.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 35

Max pressure during treatment (psi): 50

Total gas used in treatment (mcf): 0

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): 90

Fresh water used in treatment (bbl): 23

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/17/2013 Hours: 5 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 90
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 450 GOR: 0
Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5550 Tbg setting date: 06/17/2013 Packer Depth:

Reason for Non-Production: Osage formation tested 100% water.

Date formation Abandoned: 06/18/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 5535 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: OSAGE Status: DRY AND ABANDONED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 5504 Bottom: 5530 No. Holes: 40 Hole size: 01/2

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

No stimulation was required to test the upper Osage formation.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

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): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

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: 06/18/2013 Hours: 5 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 74

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 355 GOR: 0

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5474 Tbg setting date: 06/18/2013 Packer Depth: _____

Reason for Non-Production: Upper Osage perms tested 100% water.

Date formation Abandoned: 06/18/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5490 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SPERGEN Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 07/13/2013
Perforations Top: 5456 Bottom: 5462 No. Holes: 24 Hole size: 01/2
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

No stimulation was required. The Spergen formation came in naturally after perforating.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
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): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
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: 06/19/2013 Hours: 10 Bbl oil: 66 Mcf Gas: 0 Bbl H2O: 127
Calculated 24 hour rate: Bbl oil: 240 Mcf Gas: 0 Bbl H2O: 120 GOR: 0
Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5452 Tbg setting date: 06/20/2013 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: _____

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: 7/15/2013 Email jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Name
400438199	FORM 5A SUBMITTED
400438200	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)