

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400452586

Date Received:

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 05-017-07745-00 6. County: CHEYENNE 7. Well Name: Harley Well Number: 5 8. Location: QtrQtr: NWSW Section: 5 Township: 14s Range: 44w Meridian: 6 9. Field Name: CHEYENNE WELLS Field Code: 11050

Completed Interval

FORMATION: OSAGE Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 07/01/2013 End Date: 07/01/2013 Date of First Production this formation:

Perforations Top: 5527 Bottom: 5531 No. Holes: 16 Hole size: 0

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

Pumped 500 gal 15% HCL

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 43 Max pressure during treatment (psi): 200

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): Flowback volume recovered (bbl): 93

Fresh water used in treatment (bbl): 31 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: 07/01/2013 Hours: 6 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 93

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 450 GOR:

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

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5510 Tbg setting date: 07/01/2013 Packer Depth:

Reason for Non-Production: 100% water

Date formation Abandoned: 07/02/2013 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 5510 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 07/02/2013 End Date: 07/02/2013 Date of First Production this formation:

Perforations Top: 5506 Bottom: 5514 No. Holes: 32 Hole size: 0

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

Pumped 500 gal 15% HCL with 30bbbls freshwater flush

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 32 Max pressure during treatment (psi): 0

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): 32

Fresh water used in treatment (bbl): 30 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: 08/16/2013 Hours: 24 Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: pump 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: 5415 Tbg setting date: 07/03/2013 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: Email jakeflora@kfrcorp.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400452589 WIRELINE JOB SUMMARY, 400452590 CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)