

FORM
5A

Rev
06/12

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:

400452593

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 05-017-07746-00
6. County: CHEYENNE
7. Well Name: Harley
Well Number: 4
8. Location: QtrQtr: SESW Section: 5 Township: 14s Range: 44w Meridian: 6
9. Field Name: CHEYENNE WELLS Field Code: 11050

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 07/11/2013 End Date: 07/11/2013 Date of First Production this formation:
Perforations Top: 5474 Bottom: 5478 No. Holes: 16 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pumped 500 gal 15% HCL with 29 bbls flush

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

Total fluid used in treatment (bbl): 41

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): 210

Fresh water used in treatment (bbl): 29

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: 08/25/2013 Hours: 24 Bbl oil: 10 Mcf Gas: 0 Bbl H2O: 150
Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 0 Bbl H2O: 150 GOR: 0
Test Method: pump Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 36
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5582 Tbg setting date: 07/15/2013 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:

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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
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Attachment Check List

Att Doc Num **Name**

400452599	CEMENT JOB SUMMARY
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)