

FORM
5Rev
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



DE ET OE ES

Document Number:

400495327

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 05-017-07741-00

6. County: CHEYENNE

7. Well Name: UPRR #14-5

Well Number: 1X

8. Location: QtrQtr: SWSW Section: 5 Township: 14S Range: 44W Meridian: 6

Footage at surface: Distance: 622 feet Direction: FSL Distance: 674 feet Direction: FWL

As Drilled Latitude: 38.858010 As Drilled Longitude: -102.367420

GPS Data:

Date of Measurement: 06/05/2013 PDOP Reading: 3.1 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) 03/15/2013 13. Date TD: 03/31/2013 14. Date Casing Set or D&A: 04/02/2013

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5623 TVD** 17 Plug Back Total Depth MD 5588 TVD**

18. Elevations GR 4301 KB 4318

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:

Composite: GR/Induction/Density/Neutron

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	460	425	0	460	VISU
1ST	12	8+5/8	24	0	1,704	150	1,000	1,704	CALC
2ND	7+7/8	5+1/2	15.5	0	5,608	130	5,110	5,608	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. 2.1	2,527	150	1,488	2,734
STAGE TOOL	S.C. 2.2	4,256	100	3,636	4,468

Details of work:

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	736		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,881		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,163		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,095		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,142		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,384		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,733		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,873		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,002		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,145		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,311		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,386		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,508		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,539		<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 FloraTitle: Petroleum Engineer

Date: _____

Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400495358	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"/>
<u>Other Attachments</u>			
400495340	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495348	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495356	PDF-COMPOSITE	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)