

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:

400486815

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 05-017-07751-00

6. County: CHEYENNE

7. Well Name: Nattie

Well Number: 1

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

Footage at surface: Distance: 620 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 38.857990 As Drilled Longitude: -102.372110

## GPS Data:

Data of Measurement: 08/16/2013 PDOP Reading: 2.9 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) 07/10/2013 13. Date TD: 07/24/2013 14. Date Casing Set or D&amp;A: 07/25/2013

## 15. Well Classification:

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

16. Total Depth MD 5622 TVD\*\* 17 Plug Back Total Depth MD 5603 TVD\*\*

18. Elevations GR 4308 KB 4324

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:

Density/Neutron  
Induction/SP/Caliper  
Sonic  
CBL

## 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	48	0	464	400	0	464	VISU
1ST	7+7/8	5+1/2	15.5	0	5,613	175	4,146	5,613	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/05/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	2,500	250	950	2,510

Details of work:

Open PC, pump 250 sx 8% gel w/ Flowseal, close PC, 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	699		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,821		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,158		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,112		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,144		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,374		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,747		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,876		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,002		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,142		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,309		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,387		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,505		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,537		<input type="checkbox"/>	<input type="checkbox"/>	
ST JOE	5,560		<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 ?	
<u>Attachment Checklist</u>			
400487379	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>			
400486820	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400486825	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400486830	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400486832	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495374	PDF-CBL 1ST RUN	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)