

FORM
5
Rev
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



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Document Number:
400515939

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: <u>10422</u>	4. Contact Name: <u>Jake Flora</u>
2. Name of Operator: <u>PRONGHORN OPERATING LLC</u>	Phone: <u>(720) 988-5375</u>
3. Address: <u>8400 E PRENTICE AVENUE #1000</u>	Fax: _____
City: <u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</u>	

5. API Number <u>05-017-07757-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>Betty</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>6</u> Township: <u>15S</u> Range: <u>44W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>660</u> feet Direction: <u>FNL</u> Distance: <u>660</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>38.781790</u> As Drilled Longitude: <u>-102.385880</u>	

GPS Data:

Data of Measurement: 12/06/2013 PDOP Reading: 1.9 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: LADDER CREEK 10. Field Number: 47600

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/20/2013 13. Date TD: 10/03/2013 14. Date Casing Set or D&A: 10/09/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5481 TVD** _____ 17 Plug Back Total Depth MD 5405 TVD** _____

18. Elevations GR 4302 KB 4314

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:

CBL
 RST (cased hole porosity log, unable to run open-hole logs)

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	472	400	0	472	VISU
1ST	12+1/4	8+5/8	24	0	1,596	150	500	1,596	CALC
2ND	7+7/8	5+1/2	15.5	0	5,405	175	5,070	5,405	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. 1.1	2,370	250	540	2,482
STAGE TOOL	S.C. 1.2	4,183	100	3,338	4,184

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	740		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,698		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,010		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,062		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,274		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,582		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,801		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,905		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,070		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,176		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,332		<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>			
400515942	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>			
400515950	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530230	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400530244	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400532717	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400533268	PDF-CBL 2ND RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)