

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:

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: 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 05-017-07757-00

6. County: CHEYENNE

7. Well Name: Betty

Well Number: 1

8. Location: QtrQtr: NWNW Section: 6 Township: 15S Range: 44W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FWL

As Drilled Latitude: 38.781790 As Drilled Longitude: -102.385880

## 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&amp;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 FloraTitle: 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

--	--	--

Total: 0 comment(s)