

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:

400532820

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 05-017-06098-00

6. County: CHEYENNE

7. Well Name: State of Colorado

Well Number: 2

8. Location: QtrQtr: SWSW Section: 16 Township: 13S Range: 44W Meridian: 6

Footage at surface: Distance: 689 feet Direction: FSL Distance: 662 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: SMOKY CREEK

10. Field Number: 77560

11. Federal, Indian or State Lease Number: 2366.12

12. Spud Date: (when the 1st bit hit the dirt) 10/20/2013 13. Date TD: 10/24/2013 14. Date Casing Set or D&A: 10/25/2013

15. Well Classification:

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

16. Total Depth MD 5518 TVD** 17 Plug Back Total Depth MD 5516 TVD**

18. Elevations GR 4276 KB 4288

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:

GR/Cal/Neutron/Density
GR/Induction

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	12+1/4	8+5/8	20	0	284	211	0	284	VISU
1ST	7+7/8	5+1/2	15.5	0	5,516	125	5,077	5,516	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	2,663	200	1,620	2,664
STAGE TOOL	S.C. 1.2	4,307	100	3,560	4,311

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	
DAKOTA	1,935	1,981	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,252	2,506	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,172		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,380		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,804		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,901		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	5,041		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,183		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,400		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,500		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This was a re-entry

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>					
400533873	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>					
400532823	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400532826	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)