

Document Number:  
**400581197**

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 05-017-07782-00 6. County: CHEYENNE  
 7. Well Name: Pepper Well Number: 1  
 8. Location: QtrQtr: SWNE Section: 5 Township: 14S Range: 44W Meridian: 6  
 Footage at surface: Distance: 1691 feet Direction: FNL Distance: 2034 feet Direction: FEL  
 As Drilled Latitude: 38.865090 As Drilled Longitude: -102.358610

GPS Data:  
 Date of Measurement: 04/10/2014 PDOP Reading: 1.8 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) 03/06/2014 13. Date TD: 03/21/2014 14. Date Casing Set or D&A: 03/22/2014

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5465 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 5463 TVD\*\* \_\_\_\_\_

18. Elevations GR 4264 KB 4281 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  
 INDUCTION  
 DENSITY/NEUTRON POROSITY  
 SONIC POROSITY

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	438	425	45	438	VISU
1ST	7+7/8	5+1/2	15.5	0	5,463	200	3,875	5,463	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	SURF	45	90	0	45
STAGE TOOL	S.C. 1.1	2,355	250	1,162	2,360

Details of work:

Tagged Primary TOC at 45' with 1" tubing. Pumped 90 sx Class A common CMT, filled annulus to surface, ticket attached.

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	1,782		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,062		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,107		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,325		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,704		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,840		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,120		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,280		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,366		<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 ?	
<b>Attachment Checklist</b>			
400593811	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"/>
<b>Other Attachments</b>			
400581205	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581206	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581211	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400581215	PDF-SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590157	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400590161	PDF-CBL 1ST 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)