

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10422
2. Name of Operator: PRONGHORN OPERATING LLC
3. Address: 8400 E PRENTICE AVENUE #1000
City: GREENWOOD State: CO Zip: 80111
4. Contact Name: Jake Flora
Phone: (720) 988-5375
Fax:
Email: jakeflora@kfrcorp.com

5. API Number 05-017-07720-00
6. County: CHEYENNE
7. Well Name: Hoffman-Busby
Well Number: 1-24
8. Location: QtrQtr: SENE Section: 24 Township: 14S Range: 45W Meridian: 6
9. Field Name: TIMBER CREEK Field Code: 82000

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 02/13/2013 End Date: 02/13/2013 Date of First Production this formation:

Perforations Top: 5415 Bottom: 5486 No. Holes: 84 Hole size: 03/8

Provide a brief summary of the formation treatment: Open Hole: []

Pumped 500 gal 15% HCL.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 41 Max pressure during treatment (psi): 150
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): 12 Number of staged intervals:
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 39 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/14/2013 Hours: 6 Bbl oil: 9 Mcf Gas: 0 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 0 Bbl H2O: 30 GOR: 0

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5500 Tbg setting date: 02/14/2013 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

This 5a is to amend/replace the existing 5a to change the formation from MISSISSIPPIAN to SPERGEN. SPERGEN is being reported on the monthly Form 7. No other data has changed and this 5a is otherwise identical to the original. Currently the wellfile says 'NOT COMPLETED' which we understand is a result of this Formation discrepancy.

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: 3/13/2014 Email jakeflora@kfrcorp.com

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Attachment Check List

Att Doc Num **Name**

400571156	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)