

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:
400653551

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) 9885375
 3. Address: 8400 E PRENTICE AVENUE #1000 Fax: _____
 City: GREENWOOD State: CO Zip: 80111

5. API Number 05-017-07761-00 6. County: CHEYENNE
 7. Well Name: Evan Well Number: 1
 8. Location: QtrQtr: SWNE Section: 7 Township: 14S Range: 44W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1896 feet Direction: FEL
 As Drilled Latitude: 38.850810 As Drilled Longitude: -102.376370

GPS Data:
Date of Measurement: 08/26/2014 PDOP Reading: 2.9 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: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/18/2014 13. Date TD: 07/28/2014 14. Date Casing Set or D&A: 07/28/2014

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

16. Total Depth MD 5495 TVD** _____ 17 Plug Back Total Depth MD 5374 TVD** _____

18. Elevations GR 4284 KB 4295 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:
 Density/Neutron Porosity
 Induction Resistivity (open hole only)

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	445	400	80	445	VISU
1ST	7+7/8	5+1/2	15.5	0	5,384	145	4,146	5,384	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	2,486	250	1,702	2,698
1 INCH	SURF	80	75	0	80
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	
SHAWNEE	4,115		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,302		<input type="checkbox"/>	<input type="checkbox"/>	
FORT SCOTT	4,787		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,130		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,302		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,388		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Open-hole logs were attempted and could not be run due to hole conditions. Casing was set 112' above the open hole TD also due to hole conditions as it would not go lower. The casing shoe was then drilled out and logs were run across the open hole with the neutron porosity log being run to above the Shawnee as it is the only log that works in cased hole.

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 ?	
Attachment Checklist			
400672625	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"/>
Other Attachments			
400678962	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400678965	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400678968	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400679242	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)