

**FORM
5**Rev
09/14**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400653551

Date Received:

09/04/2014

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 10422

Contact Name: Jake Flora

Name of Operator: PRONGHORN OPERATING LLC

Phone: (720) 9885375

Address: 8400 E PRENTICE AVENUE #1000

Fax:

City: GREENWOOD State: CO Zip: 80111

API Number 05-017-07761-00

County: CHEYENNE

Well Name: Evan

Well Number: 1

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:

Field Name: SPUR

Field Number: 78800

Federal, Indian or State Lease Number:

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

Rig Release Date: Per Rule 308A.b.

Well Classification:

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

Total Depth MD 5495 TVD** Plug Back Total Depth MD 5374 TVD**

Elevations GR 4284 KB 4295 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

Density/Neutron Porosity, Induction Resistivity (open hole only-see comments under Submit), CBL

CASING, LINER AND CEMENT

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	165	1,850	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHAWNEE	4,115		NO	NO	
LANSING	4,302		NO	NO	
MARMATON	4,703		NO	NO	
FORT SCOTT	4,787		NO	NO	
MORROW	5,130		NO	NO	
ST LOUIS	5,302		NO	NO	
SPERGEN	5,388		NO	NO	
MISSISSIPPIAN	5,453				

Operator Comments

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: 9/4/2014 Email: jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
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"/>
400678968	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400653551	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400678962	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400678965	PDF-IND-DENS-NEU	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)