

FORM  
5A

Rev  
06/12

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:

400671639

Date Received:

11/10/2014

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 05-017-07761-00  
6. County: CHEYENNE  
7. Well Name: Evan  
Well Number: 1  
8. Location: QtrQtr: SWNE Section: 7 Township: 14S Range: 44W Meridian: 6  
9. Field Name: SPUR Field Code: 78800

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 08/16/2014  
Perforations Top: 5384 Bottom: 5408 No. Holes: Hole size:  
Provide a brief summary of the formation treatment: Open Hole: ☒

No stimulation required.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
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: 08/17/2014 Hours: 24 Bbl oil: 208 Mcf Gas: 0 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 208 Mcf Gas: 0 Bbl H2O: 0 GOR: 0  
Test Method: pump Casing PSI: 0 Tubing PSI: 0 Choke Size:  
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 37  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5200 Tbg setting date: 08/13/2014 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:

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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: 11/10/2014 Email jakeflora@kfrcorp.com  
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### Attachment Check List

**Att Doc Num**      **Name**

400671639	FORM 5A SUBMITTED
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Total Attach: 1 Files

### General Comments

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

Permit	Missing date of first production. Operator provided date.	11/10/2014 2:01:08 PM
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Total: 1 comment(s)