

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 05-017-07761-00
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: [X]

No stimulation required.

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400671639	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Missing date of first production. Operator provided date.	11/10/2014 2:01:08 PM

Total: 1 comment(s)