

FORM
5Rev
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



DE ET OE ES

Document Number:

400486983

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) 988-5375

3. Address: 8400 E PRENTICE AVENUE #1000

Fax:

City: GREENWOOD State: CO Zip: 80111

5. API Number 05-017-07754-00

6. County: CHEYENNE

7. Well Name: Moyer

Well Number: 1

8. Location: QtrQtr: NWNW Section: 36 Township: 13S Range: 44W Meridian: 6

Footage at surface: Distance: 620 feet Direction: FNL Distance: 620 feet Direction: FWL

As Drilled Latitude: 38.883690 As Drilled Longitude: -102.293930

GPS Data:

Data of Measurement: 10/10/2013 PDOP Reading: 1.8 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: SALIS

10. Field Number: 76165

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/17/2013 13. Date TD: 08/26/2013 14. Date Casing Set or D&A: 08/28/2013

15. Well Classification:

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

16. Total Depth MD 5574 TVD** 17 Plug Back Total Depth MD 5554 TVD**

18. Elevations GR 4164 KB 4176

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:

GR/Density/Neutron
Induction/SP/Caliper

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	460	400	0	460	VISU
1ST	7+7/8	5+1/2	15.5	0	5,564	125	4,636	5,564	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/30/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	S.C. 1.1	2,496	250	980	2,500
STAGE TOOL	S.C. 1.2	4,226	100	4,196	4,600
SQUEEZE	1ST	4,135	75	3,866	4,130

Details of work:

Port Collars: Locate btm PC at 4226', pump 100 sx OWC, took on a vac, no lift pressure, suspect it went down. Pump 250 sx 60/40 POZ in upper PC @ 2496', good lift pressure. Rev out, TOOH.

Squeeze: Perforate 4135-4136', set cement retainer at 4130', sting into retainer, squeeze 75 sx Class A OWC Cement (1.42 yield), unsting from retainer, reverse out, TOOH.

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	
DAKOTA	2,002	2,070	<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,321	2,368	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,296		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,656		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,818		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,961		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,098		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,206		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,351		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,455		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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 ?	
<u>Attachment Checklist</u>			
400487382	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"/>
<u>Other Attachments</u>			
400486998	TIF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400487005	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495595	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)