

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:

400486965

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 05-017-07759-00

6. County: CHEYENNE

7. Well Name: Evan

Well Number: 2

8. Location: QtrQtr: NWNE Section: 7 Township: 14S Range: 44W Meridian: 6

Footage at surface: Distance: 731 feet Direction: FNL Distance: 1856 feet Direction: FEL

As Drilled Latitude: 38.854240 As Drilled Longitude: -102.376260

GPS Data:

Data of Measurement: 10/10/2013 PDOP Reading: 2.1 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: SPUR

10. Field Number: 78800

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/04/2013 13. Date TD: 09/13/2013 14. Date Casing Set or D&A: 09/14/2013

15. Well Classification:

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

16. Total Depth MD 5608 TVD** 17 Plug Back Total Depth MD 5590 TVD**

18. Elevations GR 4295 KB 4311

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	475	400	0	475	VISU
1ST	12+1/4	8+5/8	24	0	1,619	100	950	1,619	CALC
2ND	7+7/8	5+1/2	15.5	0	5,600	175	3,980	5,600	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. 2.1	2,544	200	500	2,544

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	
NIOBRARA	746		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	1,859		<input type="checkbox"/>	<input type="checkbox"/>	
CHEYENNE	2,194		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	3,089		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,127		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,358		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	4,722		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,858		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,992		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	5,304		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	5,384		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	5,509		<input type="checkbox"/>	<input type="checkbox"/>	
HARRISON	5,538		<input type="checkbox"/>	<input type="checkbox"/>	
ST JOE	5,569		<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>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400486967	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400486973	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400494645	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)