

FORM
5
Rev
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



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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: <u>10422</u>	4. Contact Name: <u>Jake Flora</u>
2. Name of Operator: <u>PRONGHORN OPERATING LLC</u>	Phone: <u>(720) 988-5375</u>
3. Address: <u>8400 E PRENTICE AVENUE #1000</u>	Fax: _____
City: <u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</u>	

5. API Number <u>05-017-07759-00</u>	6. County: <u>CHEYENNE</u>
7. Well Name: <u>Evan</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>7</u> Township: <u>14S</u> Range: <u>44W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>731</u> feet Direction: <u>FNL</u>	Distance: <u>1856</u> feet Direction: <u>FEL</u>
As Drilled Latitude: <u>38.854240</u>	As Drilled Longitude: <u>-102.376260</u>

GPS Data:

Date 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 ?	
Attachment Checklist			
	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"/>
Other Attachments			
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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)