

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:

2332715

Date Received:

05/25/2012

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: 10232  
2. Name of Operator: LARAMIE ENERGY II, LLC  
3. Address: 1512 LARIMER ST STE 1000  
City: DENVER State: CO Zip: 80202  
4. Contact Name: RANDY NATVIG  
Phone: (303) 339-4400  
Fax: (303) 339-4399

5. API Number 05-077-10105-00  
6. County: MESA  
7. Well Name: Hawxhurst  
Well Number: 24-15A  
8. Location: QtrQtr: NESE Section: 24 Township: 9S Range: 95W Meridian: 6  
9. Field Name: BUZZARD Field Code: 9495

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type:  
Treatment Date: 02/20/2012 End Date: Date of First Production this formation: 03/04/2012  
Perforations Top: 6094 Bottom: 6188 No. Holes: 28 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

489551 GALS. SLICKWATER  
236748 # 30/50 WHITE SAND  
500 GALS. 15% HCL ACID

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: API Gravity Oil:  
Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/15/2012</u>		End Date: _____		Date of First Production this formation: <u>03/04/2012</u>	
Perforations	Top: <u>6244</u>	Bottom: <u>6419</u>	No. Holes: <u>28</u>	Hole size: <u>34/100</u>	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

474360 GALS. SLICKWATER  
 235596 # 30/50 WHITE SAND  
 1000 GALS. 15% HCL ACID

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: <input type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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.

FORMATION: ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/20/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 03/11/2012

Perforations Top: 6094 Bottom: 6419 No. Holes: 56 Hole size: 0.37

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

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: 03/11/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 618 Bbl H2O: 240

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 618 Bbl H2O: 240 GOR: 0

Test Method: flow Casing PSI: 750 Tubing PSI: 360 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1042 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6321 Tbg setting date: 02/28/2012 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: RANDY NATVIG

Title: DRILL & COMPLIANCE MGR Date: 5/23/2012 Email: RNATVIG@LARAMIE-ENERGY.COM

**Attachment Check List**

Att Doc Num	Name
1533801	CEMENT JOB SUMMARY
1533802	OTHER
2332715	FORM 5A SUBMITTED

Total Attach: 3 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	added CM tab for lles and transferred prod. test data to this tab.	1/4/2013 1:56:33 PM
Permit	form 5 rec'd 8/9/12 and in data-entry. ON HOLD: Need CBL for form 5.11/14/12 dhs	8/10/2012 12:15:54 PM

Total: 2 comment(s)