

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



Table with columns DE, ET, OE, ES

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Date Received:

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: 10433
2. Name of Operator: PICEANCE ENERGY LLC
3. Address: 1512 LARIMER STREET #1000
City: DENVER State: CO Zip: 80202
4. Contact Name: mel lackie
Phone: (303) 339-4400
Fax: (303) 339-4399
Email: mlackie@laramie-energy.com

5. API Number 05-045-15796-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: 29-10C
8. Location: QtrQtr: NESW Section: 29 Township: 6S Range: 93W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/24/2014 End Date: 07/02/2014 Date of First Production this formation: 06/29/2014
Perforations Top: 7027 Bottom: 8834 No. Holes: 236 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: []
97 bbls 15% HCL acid; 94,450 bbls slickwater; 1,913,249 # 30/50 white sand

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 94450 Max pressure during treatment (psi): 6285
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.84
Type of gas used in treatment: Min frac gradient (psi/ft): 0.65
Total acid used in treatment (bbl): 97 Number of staged intervals: 8
Recycled water used in treatment (bbl): 94450 Flowback volume recovered (bbl): 43240
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 1913249 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/30/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 30
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1054 Bbl H2O: 720 GOR: 0
Test Method: flowing Casing PSI: 2750 Tubing PSI: 1650 Choke Size: 18
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1056 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8388 Tbg setting date: 07/26/2014 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: mel lackie
Title: engineering technician Date: _____ Email mlackie@laramie-energy.com
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Attachment Check List

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General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)