

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400654279

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

5. API Number 05-045-15794-00 6. County: GARFIELD
 7. Well Name: FEDERAL Well Number: 29-13B
 8. Location: QtrQtr: NESW Section: 29 Township: 6S Range: 93W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/19/2014 End Date: 06/19/2014 Date of First Production this formation: 06/23/2014

Perforations Top: 9710 Bottom: 9929 No. Holes: 30 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole:

12 bbls 15% HCL acid; 14,523 bbls slickwater; 295,000 # 30/50 white sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 14523 Max pressure during treatment (psi): 6180
 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): 0.68
 Total acid used in treatment (bbl): 12 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 14523 Flowback volume recovered (bbl): 4751
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 295000 Rule 805 green completion techniques were utilized:

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: 6 Bbl H2O: 1
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 144 Bbl H2O: 24 GOR: 0
 Test Method: flowing Casing PSI: 2950 Tubing PSI: 2175 Choke Size: 14
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1064 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8827 Tbg setting date: 07/19/2014 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.

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

Treatment Date: 06/20/2014 End Date: 07/01/2014 Date of First Production this formation: 06/23/2014
Perforations Top: 7036 Bottom: 8883 No. Holes: 234 Hole size: 0.35

Provide a brief summary of the formation treatment: _____ Open Hole:

95 bbls 15% HCL acid; 77,670 bbls slickwater; 1,581,600 # 30/50 white sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 77670 Max pressure during treatment (psi): 6180

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): 95 Number of staged intervals: 8

Recycled water used in treatment (bbl): 77670 Flowback volume recovered (bbl): 42757

Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1581600 Rule 805 green completion techniques were utilized:

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: 51 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1224 Bbl H2O: 216 GOR: 0

Test Method: flowing Casing PSI: 2950 Tubing PSI: 2175 Choke Size: 14

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1064 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8827 Tbg setting date: 07/19/2014 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: _____

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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)