

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:

400653941

Date Received:

07/31/2014

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 05-045-15795-00

7. Well Name: FEDERAL

8. Location: QtrQtr: NESW Section: 29 Township: 6S Range: 93W Meridian: 6

9. Field Name: RULISON Field Code: 75400

6. County: GARFIELD

Well Number: 29-12B

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: 9728 Bottom: 9982 No. Holes: 28 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

12 bbls 15% HCL acid; 12,786 bbls slickwater; 259,000 # 30/50 white sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 12798

Max pressure during treatment (psi): 6144

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.40

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): 12786

Flowback volume recovered (bbl): 4559

Fresh water used in treatment (bbl): 0

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 259000

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: 2

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 151 Bbl H2O: 58 GOR: 0

Test Method: flowing Casing PSI: 3100 Tubing PSI: 2250 Choke Size: 14

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1057 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8808 Tbg setting date: 07/18/2014 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: 06/29/2014 Date of First Production this formation: 06/23/2014

Perforations Top: 7151 Bottom: 8863 No. Holes: 240 Hole size: 0.35

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

107 bbls 15% HCL acid; 77,580 bbls slickwater; 1,581,542 # 30/50 white sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 77580

Max pressure during treatment (psi): 6289

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): 107

Number of staged intervals: 8

Recycled water used in treatment (bbl): 77580

Flowback volume recovered (bbl): 41026

Fresh water used in treatment (bbl): 0

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1581542

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: 57 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1360 Bbl H2O: 216 GOR: 0

Test Method: flowing Casing PSI: 3100 Tubing PSI: 2250 Choke Size: 14

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1057 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8808 Tbg setting date: 07/18/2014 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-ILES Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7151 Bottom: 9982 No. Holes: 268 Hole size: 0.35

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): 90755 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): 119 Number of staged intervals: _____

Recycled water used in treatment (bbl): 90636 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1840542 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: _____ Gas Type: _____ 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.

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: 7/31/2014 Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num **Name**

400653941 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Form 5 d0c 17984159 approved in 2008 (without cement report.)	1/5/2015 8:58:16 AM
Agency	Ok but pending Form 5 approval.	11/5/2014 11:04:19 AM
	Sundry 1882171 declares Corcoran and Cozzette to also be targets.	

Total: 2 comment(s)