

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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: LARAMIE ENERGY LLC 3. Address: 1401 SEVENTEENTH STREET #1400 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 05-077-09943-00 6. County: MESA 7. Well Name: Piceance Well Number: 28-20W 8. Location: QtrQtr: NESW Section: 28 Township: 9S Range: 93W Meridian: 6 9. Field Name: VEGA Field Code: 85930

Completed Interval

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

Treatment Date: 01/12/2016 End Date: 02/09/2016 Date of First Production this formation: 01/17/2016

Perforations Top: 6366 Bottom: 7903 No. Holes: 400 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: []

24 BBLS 15% HCL; 101,068 BBLS SLICKWATER; NO PROPPANT

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 101092 Max pressure during treatment (psi): 6375 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.76 Total acid used in treatment (bbl): 24 Number of staged intervals: 10 Recycled water used in treatment (bbl): 77482 Flowback volume recovered (bbl): 51936 Fresh water used in treatment (bbl): 23586 Disposition method for flowback: RECYCLE Total proppant used (lbs): 0 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: 02/17/2016 Hours: 1 Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 18 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1056 Bbl H2O: 432 GOR: 0 Test Method: FLOWING Casing PSI: 1814 Tubing PSI: 110 Choke Size: 20 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1075 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7521 Tbg setting date: 02/14/2016 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: 2/22/2016 Email mlackie@laramie-energy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400992219	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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