

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, 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: 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) 4399 Email: mlackie@laramie-energy.com

5. API Number 05-077-10237-00 6. County: MESA 7. Well Name: Piceance Fed Well Number: 28-04M 8. Location: QtrQtr: SWNW 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: 10/23/2016 End Date: 10/27/2016 Date of First Production this formation: 11/13/2016 Perforations Top: 6520 Bottom: 7906 No. Holes: 400 Hole size: 0.37

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

12 BBLS 15% ACID; 100,000 BBLS SLICKWATER; NO PROPPANT

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

Total fluid used in treatment (bbl): 100012 Max pressure during treatment (psi): 6361 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): 0.74 Total acid used in treatment (bbl): 12 Number of staged intervals: 10 Recycled water used in treatment (bbl): 42000 Flowback volume recovered (bbl): 28112 Fresh water used in treatment (bbl): 58000 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: 12/12/2016 Hours: 1 Bbl oil: 0 Mcf Gas: 35 Bbl H2O: 11 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 833 Bbl H2O: 266 GOR: 0 Test Method: FLOWING Casing PSI: 1070 Tubing PSI: 460 Choke Size: 24/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7556 Tbg setting date: 11/18/2016 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: 1/4/2017 Email mlackie@laramie-energy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401137097	FORM 5A SUBMITTED
401158655	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

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