

FORM 5A
Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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) 339-4399
 Email: mlackie@laramie-energy.com

5. API Number 05-077-10350-00
 6. County: MESA
 7. Well Name: Gunderson
 Well Number: 20-09W
 8. Location: QtrQtr: NENW Section: 20 Township: 9S Range: 93W Meridian: 6
 9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

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

Treatment Date: 11/12/2017 End Date: 12/21/2017 Date of First Production this formation: 12/12/2017
 Perforations Top: 6072 Bottom: 7476 No. Holes: 279 Hole size: 0.37

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

94,000 BBLS SLICKWATER; NO PROPPANT

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 94000 Max pressure during treatment (psi): 6219
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82
 Total acid used in treatment (bbl): 0 Number of staged intervals: 10
 Recycled water used in treatment (bbl): 78888 Flowback volume recovered (bbl): 44044
 Fresh water used in treatment (bbl): 15112 Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/08/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 48 Bbl H2O: 23
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1150 Bbl H2O: 550 GOR: 0
 Test Method: FLOWING Casing PSI: 2150 Tubing PSI: 1310 Choke Size: 20
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1089 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7101 Tbg setting date: 12/31/2017 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
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401506412	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)