

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

5. API Number 05-077-10432-00
6. County: MESA
7. Well Name: Bruton
Well Number: 0993-19-03W
8. Location: QtrQtr: SENW Section: 19 Township: 9S Range: 93W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

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

Treatment Date: 01/04/2018 End Date: 01/16/2018 Date of First Production this formation: 01/04/2018

Perforations Top: 5980 Bottom: 7688 No. Holes: 210 Hole size: 0.37

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

108,800 BBLS SLICKWATER; NO PROPPANT

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

Total fluid used in treatment (bbl): 108800 Max pressure during treatment (psi): 6515

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): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled water used in treatment (bbl): 95838 Flowback volume recovered (bbl): 43131

Fresh water used in treatment (bbl): 12962 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: 02/02/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 69 Bbl H2O: 21

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1650 Bbl H2O: 500 GOR:

Test Method: FLOWING Casing PSI: 2070 Tubing PSI: 1412 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7268 Tbg setting date: 01/21/2018 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: 2/5/2018 Email mlackie@laramie-energy.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401519262	FORM 5A SUBMITTED
401524521	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)