

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 401600929  Date Received:				
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: <u>10433</u> 2. Name of Operator: <u>LARAMIE ENERGY LLC</u> 3. Address: <u>1401 SEVENTEENTH STREET #1400</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>MEL LACKIE</u> Phone: <u>(303) 339-4400</u> Fax: <u>(303) 339-4399</u> Email: <u>mlackie@laramie-energy.com</u>
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5. API Number <u>05-077-10408-00</u> 7. Well Name: <u>Nichols</u> 8. Location: QtrQtr: <u>SWNE</u> Section: <u>24</u> Township: <u>9s</u> 9. Field Name: <u>BRUSH CREEK</u> Field Code: <u>7562</u>	6. County: <u>MESA</u> Well Number: <u>0994-24-05E</u> Range: <u>94W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>04/03/2018</u>	End Date: <u>04/13/2018</u>	Date of First Production this formation: <u>04/03/2018</u>
Perforations Top: <u>5930</u>	Bottom: <u>7398</u>	No. Holes: <u>180</u> Hole size: <u>0.37</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

92,800 BBLs SLICKWATER; NO PROPPANT

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>92800</u>	Max pressure during treatment (psi): <u>6311</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.71</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>6</u>
Recycled water used in treatment (bbl): <u>84156</u>	Flowback volume recovered (bbl): <u>36985</u>
Fresh water used in treatment (bbl): <u>8644</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>0</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>04/27/2018</u>	Hours: <u>1</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>50</u>	Bbl H2O: <u>8</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>1190</u>	Bbl H2O: <u>200</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1850</u>	Tubing PSI: <u>1145</u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1090</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7014</u>	Tbg setting date: <u>04/16/2018</u>	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  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401610802	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)