

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

401699318

Date Received:

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 05-077-10541-00
6. County: MESA
7. Well Name: Gunderson
Well Number: 0994-13-06W
8. Location: QtrQtr: NESW Section: 13 Township: 9S Range: 94W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/02/2018 End Date: 07/02/2018 Date of First Production this formation: 07/02/2018

Perforations Top: 8306 Bottom: 8346 No. Holes: 21 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

10,000 BBLS SLICKWATER; NO PROPPANT

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 10000

Max pressure during treatment (psi): 4747

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): 0.74

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 9306

Flowback volume recovered (bbl): 3596

Fresh water used in treatment (bbl): 693

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: 07/31/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 122 Bbl H2O: 35 GOR: 0

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1210 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1100 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8320 Tbg setting date: 07/24/2018 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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/01/2018 End Date: 07/01/2018 Date of First Production this formation: 07/01/2018

Perforations Top: 8468 Bottom: 8488 No. Holes: 15 Hole size: 0.37

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

5,000 BBLS SLICKWATER; NO PROPPANT

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 5000

Max pressure during treatment (psi): 6637

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): 0.75

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 4653

Flowback volume recovered (bbl): 3596

Fresh water used in treatment (bbl): 346

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: 07/31/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 122 Bbl H2O: 35 GOR: 0

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1210 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1100 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8320 Tbg setting date: 07/24/2018 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.

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

Treatment Date: 07/03/2018 End Date: 07/14/2018 Date of First Production this formation: 07/03/2018

Perforations Top: 6390 Bottom: 7814 No. Holes: 180 Hole size: 0.37

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

82500 BBLS SLICKWATER; NO PROPPANT

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 67500

Max pressure during treatment (psi): 7185

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): 0.71

Total acid used in treatment (bbl): 0

Number of staged intervals: 6

Recycled water used in treatment (bbl): 61424

Flowback volume recovered (bbl): 28769

Fresh water used in treatment (bbl): 4576

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: 07/31/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 41 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 975 Bbl H2O: 240 GOR: 0

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1210 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1100 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8320 Tbg setting date: 07/24/2018 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:

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

Att Doc Num Name

401715385 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)