

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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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 4. Contact Name: MEL LACKIE
 2. Name of Operator: LARAMIE ENERGY LLC Phone: (303) 339-4400
 3. Address: 1401 SEVENTEENTH STREET #1400 Fax: (303) 339-4399
 City: DENVER State: CO Zip: 80202 Email: mlackie@laramie-energy.com

5. API Number 05-077-10532-00 6. County: MESA
 7. Well Name: Gunderson Well Number: 0994-13-16E
 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: 07/30/2018 End Date: 07/30/2018 Date of First Production this formation: 07/30/2018

Perforations Top: 8486 Bottom: 8572 No. Holes: 24 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): 5050

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): 0.76

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 6800 Flowback volume recovered (bbl): 3404

Fresh water used in treatment (bbl): 3200 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: 08/30/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 110 Bbl H2O: 29 GOR: 0

Test Method: FLOWING Casing PSI: 1655 Tubing PSI: 1020 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8521 Tbg setting date: 08/19/2018 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: 07/29/2018 End Date: 07/29/2018 Date of First Production this formation: 07/29/2018

Perforations Top: 8640 Bottom: 8688 No. Holes: 18 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): 4363

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): 3400 Flowback volume recovered (bbl): 3404

Fresh water used in treatment (bbl): 1600 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: 08/30/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 5 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 110 Bbl H2O: 29 GOR: 0

Test Method: FLOWING Casing PSI: 1655 Tubing PSI: 1020 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8521 Tbg setting date: 08/19/2018 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: 08/01/2018 End Date: 08/10/2018 Date of First Production this formation: 08/01/2018

Perforations Top: 6490 Bottom: 8004 No. Holes: 174 Hole size: 0.37

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

78,000 BBLS SLICKWATER; NO PROPPANT

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 78000 Max pressure during treatment (psi): 6255

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: 6

Recycled water used in treatment (bbl): 53033 Flowback volume recovered (bbl): 27230

Fresh water used in treatment (bbl): 24967 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: 08/30/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 37 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 880 Bbl H2O: 290 GOR: 0

Test Method: FLOWING Casing PSI: 1655 Tubing PSI: 1020 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8521 Tbg setting date: 08/19/2018 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

Table with 2 columns: Att Doc Num, Name. Row 1: 401740179, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)