

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:

08/01/2018

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): 9307

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): 4654

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: ☐

67,500 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): 62924

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: 8/1/2018 Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num Name

401699318 FORM 5A SUBMITTED

401715385 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group Comment

Comment Date

Permit	Don't have the formation tops for the Cozzette and Corcoran, requested further review pending Corrected treatment values via email from operator	10/17/2018
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Total: 1 comment(s)