

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:

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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
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 05-077-10481-00
6. County: MESA
7. Well Name: Bruton Federal
Well Number: 30-18W
8. Location: QtrQtr: NWSE Section: 30 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: 11/07/2018 End Date: 11/20/2018 Date of First Production this formation: 11/07/2018
Perforations Top: 6690 Bottom: 8118 No. Holes: 174 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

82,500 BBLS SLICKWATER; NO PROPPANT

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

Total fluid used in treatment (bbl): 82500

Max pressure during treatment (psi): 7381

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): 0.69

Total acid used in treatment (bbl): 0

Number of staged intervals: 6

Recycled water used in treatment (bbl): 72841

Flowback volume recovered (bbl): 34533

Fresh water used in treatment (bbl): 9659

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: 12/12/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 31 Bbl H2O: 8
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 750 Bbl H2O: 200 GOR: 0
Test Method: FLOWING Casing PSI: 1221 Tubing PSI: 655 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1127 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7779 Tbg setting date: 12/04/2018 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: _____ Email: mlackie@laramie-energy.com
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Attachment Check List

Att Doc Num **Name**

401863281	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)