

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 #1401
City: DENVER State: CO Zip: 80202
4. Contact Name: Joan Proulx
Phone: (970) 263-3641
Fax:
Email: jproulx@laramie-energy.com

5. API Number 05-045-23796-00
6. County: GARFIELD
7. Well Name: CC
Well Number: 0697-03-12W
8. Location: QtrQtr: Lot 11 Section: 3 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

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

Treatment Date: 12/02/2018 End Date: 12/09/2018 Date of First Production this formation: 12/02/2018
Perforations Top: 7190 Bottom: 9468 No. Holes: 270 Hole size: 0.37

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

90,000 BBLS SLICKWATER; NO PROPPANT

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 90000
Max pressure during treatment (psi): 6895
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): 0.51
Total acid used in treatment (bbl): 0
Number of staged intervals: 9
Recycled water used in treatment (bbl): 90000
Flowback volume recovered (bbl): 44558
Fresh water used in treatment (bbl): 0
Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0
Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/21/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 31 Bbl H2O: 9
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 744 Bbl H2O: 214 GOR: 0
Test Method: FLOWING Casing PSI: 2425 Tubing PSI: 1125 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1046 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8878 Tbg setting date: 12/12/2018 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: Joan Proulx

Title: Regulatory Analyst Date: _____ Email: jproulx@laramie-energy.com
:

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|------------------|
| 401877528 | WELLBORE DIAGRAM |
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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| | | Stamp Upon Approval |

Total: 0 comment(s)