

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: 401915713

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: Joan Proulx
 2. Name of Operator: LARAMIE ENERGY LLC Phone: (970) 263-3641
 3. Address: 1401 SEVENTEENTH STREET #1401 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: jproulx@laramie-energy.com

5. API Number 05-077-10513-00 6. County: MESA
 7. Well Name: BCU Well Number: 0993-21-09E
 8. Location: QtrQtr: SWNW Section: 21 Township: 9S Range: 93W Meridian: 6
 9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/13/2018 End Date: 12/15/2018 Date of First Production this formation: 12/13/2018

Perforations Top: 8770 Bottom: 8784 No. Holes: 18 Hole size: 37/100

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): 4211
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.73
 Total acid used in treatment (bbl): _____ Number of staged intervals: 1
 Recycled water used in treatment (bbl): 5000 Flowback volume recovered (bbl): 34283
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/02/2019 Hours: 1 Bbl oil: 0 Mcf Gas: 2 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 63 Bbl H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 1701 Tubing PSI: 1153 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1073 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8808 Tbg setting date: 12/31/2018 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: 12/10/2018 End Date: 12/12/2018 Date of First Production this formation: 12/13/2018

Perforations Top: 8940 Bottom: 8962 No. Holes: 15 Hole size: 37/100

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): 7169

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: Min frac gradient (psi/ft): 0.77

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

Recycled water used in treatment (bbl): 5000 Flowback volume recovered (bbl): 34283

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/03/2019 Hours: 1 Bbl oil: 0 Mcf Gas: 2 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 63 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1701 Tubing PSI: 1153 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1073 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8808 Tbg setting date: 12/31/2018 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: 12/16/2018 End Date: 12/27/2018 Date of First Production this formation: 12/13/2018

Perforations Top: 6702 Bottom: 8178 No. Holes: 174 Hole size: 37/100

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): 7337

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: Min frac gradient (psi/ft): 0.72

Total acid used in treatment (bbl): Number of staged intervals: 6

Recycled water used in treatment (bbl): 82500 Flowback volume recovered (bbl): 34283

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/02/2019 Hours: 1 Bbl oil: 0 Mcf Gas: 21 Bbl H2O: 17

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 509 Bbl H2O: 410 GOR: 0

Test Method: Flowline Casing PSI: 1701 Tubing PSI: 1153 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1073 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8808 Tbg setting date: 12/31/2018 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

Table with 2 columns: Att Doc Num, Name. Row 1: 401915714, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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

Total: 0 comment(s)