

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: 401992521

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 05-077-10582-00 6. County: MESA
 7. Well Name: Sup & Shep Federal Well Number: 0993-25-14W
 8. Location: QtrQtr: NESW Section: 25 Township: 9S Range: 93W Meridian: 6
 9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

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

Treatment Date: 02/21/2019 End Date: 03/04/2019 Date of First Production this formation: 02/21/2019

Perforations Top: 7066 Bottom: 8524 No. Holes: 174 Hole size: 37/100

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

48,000 bbls slickwater; no proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 48000 Max pressure during treatment (psi): 6207
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.50
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.63
 Total acid used in treatment (bbl): _____ Number of staged intervals: 6
 Recycled water used in treatment (bbl): 48000 Flowback volume recovered (bbl): 25609
 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: 03/12/2019 Hours: 1 Bbl oil: 0 Mcf Gas: 89 Bbl H2O: 12
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2136 Bbl H2O: 300 GOR: 0
 Test Method: Flowing Casing PSI: 1706 Tubing PSI: 985 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1104 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8155 Tbg setting date: 03/14/2019 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
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Attachment Check List

Att Doc Num **Name**

401992531	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>
		Stamp Upon Approval

Total: 0 comment(s)