

FORM  
5ARev  
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



DE ET OE ES

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

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 05-045-15642-00

6. County: GARFIELD

7. Well Name: CC

Well Number: 697-16-40A

8. Location: QtrQtr: SWSE

Section: 16

Township: 6S

Range: 97W

Meridian: 6

9. Field Name: GRAND VALLEY

Field Code: 31290

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation:

Perforations

Top: 5967

Bottom: 7833

No. Holes: 180

Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

This formation is commingled with another formation:

☐ Yes☒ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

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:

Hours:

Bbl oil:

Mcf Gas:

Bbl H2O:

Calculated 24 hour rate:

Bbl oil:

Mcf Gas:

Bbl H2O:

GOR:

Test Method:

Casing PSI:

Tubing PSI:

Choke Size:

Gas Disposition:

Gas Type:

Btu Gas:

API Gravity Oil:

Tubing Size: 2 + 3/8

Tubing Setting Depth: 7211

Tbg setting date: 09/25/2009

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 Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 5967 Bottom: 7833 No. Holes: 210 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

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

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

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

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

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

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

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

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: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ 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:

Correct the WMFK formation to commingled.

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**

\_\_\_\_\_

Total Attach: 0 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	RTD- From submitted in relation to historical form 7 reporting issues. Form is not needed	02/28/2019

Total: 1 comment(s)