

Document Number:
401915413

Date Received:
01/23/2019

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 05-077-10522-00 6. County: MESA
 7. Well Name: BCU Well Number: 0993-21-10E
 8. Location: QtrQtr: SWNW Section: 21 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: 12/13/2018 End Date: 12/24/2018 Date of First Production this formation: 12/14/2018
 Perforations Top: 6730 Bottom: 8224 No. Holes: 174 Hole size: 37/100

Provide a brief summary of the formation treatment: 48,000 bbls slickwater; no proppant Open Hole:

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 48000 Max pressure during treatment (psi): 6719
 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): 0.70
 Total acid used in treatment (bbl): _____ Number of staged intervals: 6
 Recycled water used in treatment (bbl): 48000 Flowback volume recovered (bbl): 33026
 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: 01/04/2019 Hours: 1 Bbl oil: 0 Mcf Gas: 30 Bbl H2O: 20
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 716 Bbl H2O: 477 GOR: 0
 Test Method: Flowline Casing PSI: 1249 Tubing PSI: 822 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1098 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7841 Tbg setting date: 01/02/2019 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: 1/23/2019 Email: jproulx@laramie-energy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401915413	FORM 5A SUBMITTED
401915425	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review.	10/13/2020
Permit	Form 5 - RTD missing "as drilled" TPZ and BHL	08/13/2020

Total: 2 comment(s)