

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 402568263

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 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202
4. Contact Name: Joan Proulx
Phone: (970) 263-3641
Fax:
Email: jproulx@laramie-energy.com

5. API Number 05-077-08652-00
6. County: MESA
7. Well Name: HORSESHOE CANYON
Well Number: 1-19
8. Location: QtrQtr: SENE Section: 19 Township: 9S Range: 97W Meridian: 6
9. Field Name: SHIRE GULCH Field Code: 77450

Completed Interval

FORMATION: COZZETTE Status: SHUT IN Treatment Type: FRACTURE STIMULATION
Treatment Date: End Date: Date of First Production this formation: 12/07/1992
Perforations Top: 2503 Bottom: 2536 No. Holes: 33 Hole size: 38/100
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: 2772 Tbg setting date: 12/29/1992 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: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/01/1992

Perforations Top: 2710 Bottom: 2754 No. Holes: 27 Hole size: 38/100

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: 2772 Tbg setting date: 12/29/1992 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:
Please route to Aaron Katz.
This Form 5A is in response to a COA on approved Form 6 #402541931.
Additional historical completion data was not provided to Laramie Energy by the previous operator.

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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)