

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

404265108

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC Operator Number: 10433

2. Name of Operator: LARAMIE ENERGY LLC

3. Address: 1700 LINCOLN ST STE 3950

City: DENVER State: CO Zip: 80203

4. Contact Name: Monika Hylton

Phone: (970) 712-3698

Fax:

Email: mhylton@laramie-energy.com

5. API Number 05-077-10610-00

7. Well Name: BCU FED

8. Location: QtrQtr: SWSW Section: 14 Township: 9S Range: 93W Meridian: 6

9. Field Name: BUZZARD CREEK Field Code: 9500

6. County: MESA

Well Number: 0993-14-07W

10. If Directional, footage at Top of Prod. Zone: 2081 Feet FNL 1007 Feet FWL
Sec: 14 Twp: 9S Rng: 93W

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/21/2025 End Date: 05/30/2025 Date this Formation was Completed: 05/24/2025
Perforations Top: 4712 Bottom: 7395 No. Holes: 204 Hole size: 7/20 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

110000

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

Total fluid used in treatment (bbl): 110000 Max pressure during treatment (psi): 7395
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.75
Total acid used in treatment (bbl): 0 Number of staged intervals: 7
Recycled or Reused Fluids used in treatment (bbl): 42591 Flowback volume recovered (bbl): 11270
Fresh water used in treatment (bbl): 67409 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0

Fracture stimulations must be reported on [FracFocus.org](https://fracfocus.org)

Test Information:

06/10/2025 Hours: 1 Bbl oil: 0 Mcf Gas: 16 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 390 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 2404 Tubing PSI: 1124 Choke Size: 18/20
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1307 API Gravity Oil: 1
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7730 Tbg setting date: 05/31/2025 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: Monika Hylton
Title: ENGINEERING TECH Date: _____ Email: mhylton@laramie-energy.com

ATTACHMENT LIST

Att Doc Num	Name
404265127	COMPLETED INTERVAL REPORT
404265130	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)