

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:
404418200

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 05-045-24519-00

6. County: GARFIELD

7. Well Name: CC Federal
Well Number: 0697-15-19W

8. Location: QtrQtr: SENE Section: 15 Township: 6S Range: 97W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

10. If Directional, footage at Top of Prod. Zone: 525 Feet FSL 2032 Feet FWL
Sec: 15 Twp: 6S Rng: 97W

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/25/2025 End Date: 10/06/2025 Date this Formation was Completed: 10/10/2025

Perforations Top: 8192 Bottom: 10213 No. Holes: 504 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.

67,000 bbls (No Proppant)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 67000 Max pressure during treatment (psi): 7180

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): 0.44

Total acid used in treatment (bbl): 0 Number of staged intervals: 7

Recycled or Reused Fluids used in treatment (bbl): 56840 Flowback volume recovered (bbl): 4197

Recycled Produced Water Alternative used in treatment (bbls): _____

Fresh water used in treatment (bbl): 10160 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Fracture stimulations must be reported on FracFocus.org

Test Information:

10/19/2025 Hours: 1 Bbl oil: 0 Mcf Gas: 40 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 949 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1867 Tubing PSI: 1146 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1218 API Gravity Oil: 1

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9802 Tbg setting date: 10/09/2025 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

<u>Att Doc Num</u>	<u>Name</u>
404418231	WELLBORE DIAGRAM
404468799	COMPLETED INTERVAL REPORT

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)