

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:
404468822

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: Lori Muhr
Phone: (970) 312-6479
Fax: _____
Email: LMuhr@Laramie-Energy.com

5. API Number 05-077-10641-00

6. County: MESA

7. Well Name: Laramie
Well Number: 0993-20-11E

8. Location: QtrQtr: NENE Section: 29 Township: 9S Range: 93W Meridian: 6

9. Field Name: BUZZARD CREEK Field Code: 9500

10. If Directional, footage at Top of Prod. Zone: 2389 Feet FSL 1910 Feet FEL
Sec: 29 Twp: 9S Rng: 93W

Completed Interval

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

Treatment Date: 10/19/2025 End Date: 10/24/2025 Date this Formation was Completed: 10/20/2025

Perforations Top: 6701 Bottom: 8480 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.

67,135 BBLS Slickwater (No Proppant)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 67135 Max pressure during treatment (psi): 7347

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): 0.70

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

Recycled or Reused Fluids used in treatment (bbl): 67135 Flowback volume recovered (bbl): 20375

Recycled Produced Water Alternative used in treatment (bbls): 0

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/10/2025 Hours: 1 Bbl oil: 0 Mcf Gas: 23 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 551 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2050 Tubing PSI: 1025 Choke Size: 2 + 3/8

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1088 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8140 Tbg setting date: 11/07/2025 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: Lori Muhr

Title: Regulatory Specialist Date: _____ Email: LMuhr@Laramie-Energy.com

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
<u>404468823</u>	<u>COMPLETED INTERVAL REPORT</u>
<u>404475085</u>	<u>WELLBORE DIAGRAM</u>

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	RTD - TPZ footage is incorrect	04/27/2026

Total: 1 comment(s)