

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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



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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 4. Contact Name: MEL LACKIE
 2. Name of Operator: PICEANCE ENERGY LLC Phone: (303) 339-4400
 3. Address: 1512 LARIMER STREET #1000 Fax: (303) 339-4399
 City: DENVER State: CO Zip: 80202 Email: mlackie@laramie-energy.com

5. API Number 05-077-10007-00 6. County: MESA
 7. Well Name: Sup & Shep Federal Well Number: 25-13M
 8. Location: QtrQtr: NESW Section: 25 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: 04/11/2015 End Date: 06/08/2015 Date of First Production this formation: 04/11/2015

Perforations Top: 6968 Bottom: 8375 No. Holes: 188 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole:

48 bbls 15% HCL; 72,848 bbls slickwater with adds. and FR-76 ; no proppant

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 72896 Max pressure during treatment (psi): 6263

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.66

Total acid used in treatment (bbl): 48 Number of staged intervals: 6

Recycled water used in treatment (bbl): 42252 Flowback volume recovered (bbl): 40308

Fresh water used in treatment (bbl): 30596 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/04/2015 Hours: 1 Bbl oil: 0 Mcf Gas: 58 Bbl H2O: 9

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1381 Bbl H2O: 206 GOR: 0

Test Method: flowing Casing PSI: 1368 Tubing PSI: 1076 Choke Size: 18

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1132 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8036 Tbg setting date: 06/03/2015 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MEL LACKIE
Title: ENGINEERING TECHNICIAN Date: _____ Email: mlackie@laramie-energy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400859229	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)