

FORM
5ARev
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



DE ET OE ES

Document Number:

401760507

Date Received:

10/02/2018

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: MEL LACKIE

Phone: (303) 339-4400

Fax: (303) 339-4399

Email: mlackie@laramie-energy.com

5. API Number 05-077-10528-00

7. Well Name: Gunderson

6. County: MESA

Well Number: 0994-14-16E

8. Location: QtrQtr: NESW Section: 13 Township: 9S Range: 94W Meridian: 6

9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/31/2018 End Date: 08/31/2018 Date of First Production this formation: 09/07/2018

Perforations Top: 8446 Bottom: 8508 No. Holes: 24 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

10,000 BBLS SLICKWATER; NO PROPPANT

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

Total fluid used in treatment (bbl): 10000

Max pressure during treatment (psi): 5095

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): 0.71

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 8088

Flowback volume recovered (bbl): 2805

Fresh water used in treatment (bbl): 1912

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: 09/30/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 4 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 91 Bbl H2O: 18 GOR: 0

Test Method: FLOWING Casing PSI: 1666 Tubing PSI: 906 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1097 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8463 Tbg setting date: 09/14/2018 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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/29/2018 End Date: 08/29/2018 Date of First Production this formation: 08/29/2018

Perforations Top: 8600 Bottom: 8632 No. Holes: 18 Hole size: 0.37

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

5,000 BBLS SLICKWATER; NO PROPPANT

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

Total fluid used in treatment (bbl): 5000

Max pressure during treatment (psi): 4260

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): 0.74

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 4044

Flowback volume recovered (bbl): 2805

Fresh water used in treatment (bbl): 956

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: 09/30/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 4 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 91 Bbl H2O: 18 GOR: 0

Test Method: FLOWING Casing PSI: 1666 Tubing PSI: 906 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1097 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8463 Tbg setting date: 09/14/2018 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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/01/2018 End Date: 09/08/2018 Date of First Production this formation: 09/01/2018

Perforations Top: 6542 Bottom: 7958 No. Holes: 174 Hole size: 0.37

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

60,000 BBLS SLICKWATER; NO PROPPANT

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

Total fluid used in treatment (bbl): 60000 Max pressure during treatment (psi): 6117

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): 0.73

Total acid used in treatment (bbl): 0 Number of staged intervals: 6

Recycled water used in treatment (bbl): 48528 Flowback volume recovered (bbl): 22437

Fresh water used in treatment (bbl): 11472 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: 09/30/2018 Hours: 1 Bbl oil: 0 Mcf Gas: 30 Bbl H2O: 6

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 730 Bbl H2O: 144 GOR: 0

Test Method: FLOWING Casing PSI: 1666 Tubing PSI: 906 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1097 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8463 Tbg setting date: 09/14/2018 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: MEL LACKIE

Title: ENGINEERING TECHNICIAN Date: 10/2/2018 Email: mlackie@laramie-energy.com

Attachment List

Att Doc Num	Name
401760507	FORM 5A SUBMITTED
401769591	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Passed Completion review.	02/24/2021
Permit	Form 5 RTD has estimated TPZ Corrected by operator	09/02/2020

Total: 2 comment(s)