

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



Table with columns DE, ET, OE, ES

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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, reoperation 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: PICEANCE ENERGY LLC 3. Address: 1512 LARIMER STREET #1000 City: DENVER State: CO Zip: 80202 4. Contact Name: RANDY NATVIG Phone: (303) 339-4400 Fax: (303) 339-4399

5. API Number 05-077-09615-00 6. County: MESA 7. Well Name: NVEGA Well Number: 23-224 8. Location: QtrQtr: SWNW Section: 23 Township: 9S Range: 93W Meridian: 6 9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 11/30/2010 End Date: 12/06/2010 Date of First Production this formation: 12/09/2010 Perforations Top: 8557 Bottom: 8618 No. Holes: 21 Hole size: 38/100 Provide a brief summary of the formation treatment: Open Hole: []

THE INFORMATION IS FILLED OUT ACCURATELY TO THE BEST OF OUR KNOWLEDGE, THESE WELLS WERE COMPLETED BY DELTA PETROLEUM.

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL Total proppant used (lbs): Rule 805 green completion techniques were utilized: [X] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: 2 + 3/8 Tubing Setting Depth: 8001 Tbg setting date: 11/18/2010 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: 11/30/2010 End Date: 12/06/2010 Date of First Production this formation: 12/09/2010
Perforations Top: 8730 Bottom: 8798 No. Holes: 24 Hole size: 38/100

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

The information is filled out accurately to the best of our knowledge, these wells were completed by Delta Petroleum

This formation is commingled with another formation: Yes No

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

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

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

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

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

Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8001 Tbg setting date: 11/18/2010 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: 11/30/2010 End Date: 12/06/2010 Date of First Production this formation: 12/09/2010

Perforations Top: 6144 Bottom: 7933 No. Holes: 240 Hole size: 38/100

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

240 Bbls. 15% HCl Acid: 88,128 Bbls. fluid w/315 BBLS. ADDS: 444,561 # 100 MESH: 915,584 # 20/40 SAND.

The information is filled out accurately to the best of our knowledge, these wells were completed by Delta Petroleum

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 87813 Max pressure during treatment (psi): 5493

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 664.00

Total acid used in treatment (bbl): 240 Number of staged intervals: 10

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 26618

Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1360145 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8001 Tbg setting date: 11/18/2010 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-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/29/2010 End Date: 12/06/2010 Date of First Production this formation: 12/09/2010
Perforations Top: 6144 Bottom: 8798 No. Holes: 264 Hole size: 38/100

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

264 Bbls. 15% HCL Acid: 96.276 Bbls. fluid w/345 BBLs. Adds: 486.861 #100 mesh: 997.700 # 20/40_sand
The information is filled out accurately to the best of our knowledge, these wells were completed by Delta Petroleum

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 96276 Max pressure during treatment (psi): 6019

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 664.00

Total acid used in treatment (bbl): 264 Number of staged intervals: 10

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 26618

Fresh water used in treatment (bbl): _____ Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1484561 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/22/2010 Hours: 24 Bbl oil: 0 Mcf Gas: 1301 Bbl H2O: 1704

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1301 Bbl H2O: 1704 GOR: 0

Test Method: FLOWING Casing PSI: 1400 Tubing PSI: 1200 Choke Size: 44

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1100 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: RANDY NATVIG
Title: DRILLING MANAGER Date: 2/1/2013 Email: RNATVIG@LARAMIE-ENERGY.COM

Attachment Check List

Att Doc Num	Name
2165217	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Added treatment start/end dates for CRCRN & COZZ.	2/25/2013 8:27:04 AM
Data Entry	FORMATION: WFCM/ILES NOT AVAILABLE ON PULL DOWN. WF/ILES ENTERED.	2/22/2013 2:00:20 PM

Total: 2 comment(s)