

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400613847

Date Received: 05/23/2014

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: PICEANCE ENERGY LLC
3. Address: 1512 LARIMER STREET #1000
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 05-077-10106-00
6. County: MESA
7. Well Name: Hawxhurst
Well Number: 24-10B
8. Location: QtrQtr: NESE Section: 24 Township: 9S Range: 95W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/08/2014 End Date: 04/10/2014 Date of First Production this formation: 04/21/2014
Perforations Top: 4792 Bottom: 5743 No. Holes: 134 Hole size: 35

Provide a brief summary of the formation treatment: Open Hole: []
60 bbls 15% HCL acid; 39,346 bbls slickwater; 781,460 # 30/50 white sand

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 39406 Max pressure during treatment (psi): 3162
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 0.84
Type of gas used in treatment: Min frac gradient (psi/ft): 0.70
Total acid used in treatment (bbl): 60 Number of staged intervals: 5
Recycled water used in treatment (bbl): 12591 Flowback volume recovered (bbl): 15843
Fresh water used in treatment (bbl): 26755 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 781460 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: 05/06/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 33 Bbl H2O: 12
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 792 Bbl H2O: 288 GOR: 0
Test Method: flowing Casing PSI: 1150 Tubing PSI: 580 Choke Size: 24
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5234 Tbg setting date: 04/24/2014 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: 5/23/2014 Email mlackie@laramie-energy.com
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Attachment Check List

Att Doc Num **Name**

400613847	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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