

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

Document Number: 400613869

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 05-077-10160-00
6. County: MESA
7. Well Name: Hawxhurst
Well Number: 17-03C
8. Location: QtrQtr: NWNW Section: 17 Township: 9S Range: 94w Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/18/2014 End Date: 04/18/2014 Date of First Production this formation: 04/24/2014

Perforations Top: 7087 Bottom: 7193 No. Holes: 30 Hole size: 35

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

12 bbls 15% HCL acid; 9507 bbls slickwater; 191,900 # 30/50 white sand

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 9519 Max pressure during treatment (psi): 5527

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): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 3042 Flowback volume recovered (bbl): 2284

Fresh water used in treatment (bbl): 6465 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 191900 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: 05/02/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 2 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 96 GOR: 0

Test Method: flowing Casing PSI: 2100 Tubing PSI: 1250 Choke Size: 22

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6587 Tbg setting date: 04/28/2014 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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/18/2014 End Date: 04/18/2014 Date of First Production this formation: 04/24/2014

Perforations Top: 7255 Bottom: 7391 No. Holes: 30 Hole size: 35

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

12 bbls 15% HCL acid; 10,156 bbls slickwater; 201,300 # 30/50 white sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 10168 Max pressure during treatment (psi): 5202

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): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 3250 Flowback volume recovered (bbl): 2286

Fresh water used in treatment (bbl): 6906 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 201300 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/02/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 2 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 96 GOR: 0

Test Method: flowing Casing PSI: 2100 Tubing PSI: 1250 Choke Size: 22

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6587 Tbg setting date: 04/28/2014 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.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/18/2014 End Date: 04/19/2014 Date of First Production this formation: 04/24/2014

Perforations Top: 5869 Bottom: 6629 No. Holes: 90 Hole size: 35

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

36 bbls 15% HCL acid; 27,484 bbls slickwater; 559,140 # 30/50 white sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 27520 Max pressure during treatment (psi): 5683

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): 36 Number of staged intervals: 3

Recycled water used in treatment (bbl): 8795 Flowback volume recovered (bbl): 18272

Fresh water used in treatment (bbl): 18689 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 559140 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/02/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 40 Bbl H2O: 30

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 960 Bbl H2O: 720 GOR: 0

Test Method: flowing Casing PSI: 2100 Tubing PSI: 1250 Choke Size: 22

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6587 Tbg setting date: 04/28/2014 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:

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

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400613869, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Passes Permitting, 6/30/2014 2:36:00 PM

Total: 1 comment(s)