

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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, 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 05-045-18823-00 6. County: GARFIELD 7. Well Name: BEAVER CREEK RANCH Well Number: 08-14B 8. Location: QtrQtr: SWSW Section: 8 Township: 7S Range: 93W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO SD Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 06/11/2014 End Date: 06/16/2014 Date of First Production this formation: 06/18/2014 Perforations Top: 8054 Bottom: 9930 No. Holes: 262 Hole size: 35

Provide a brief summary of the formation treatment: Open Hole: [] 107 bbls 15% HCL acid; 103,226 bbls slickwater; 2,078,060 # 30/50 white sand

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 103333 Max pressure during treatment (psi): 7838 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): 0.65 Total acid used in treatment (bbl): 107 Number of staged intervals: 9 Recycled water used in treatment (bbl): 103226 Flowback volume recovered (bbl): 39242 Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 2078060 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: 07/21/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 59 Bbl H2O: 31 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1416 Bbl H2O: 744 GOR: 0 Test Method: flowing Casing PSI: 2325 Tubing PSI: 1400 Choke Size: 18 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8023 Tbg setting date: 07/15/2014 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: 7/29/2014 Email mlackie@laramie-energy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400652070	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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