

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: 401439721

Date Received:

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 SEVENTEENTH STREET #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 05-077-10370-00
6. County: MESA
7. Well Name: Bruton
Well Number: 30-02E
8. Location: QtrQtr: NENE Section: 30 Township: 9S Range: 93W Meridian: 6
9. Field Name: BRUSH CREEK Field Code: 7562

Completed Interval

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

Treatment Date: 10/05/2017 End Date: 10/23/2017 Date of First Production this formation: 10/05/2017

Perforations Top: 6040 Bottom: 7448 No. Holes: 282 Hole size: 0.37

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

96,001 BBLS SLICKWATER; NO PROPPANT

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

Total fluid used in treatment (bbl): 96001 Max pressure during treatment (psi): 6270
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): 0.76
Total acid used in treatment (bbl): 0 Number of staged intervals: 10
Recycled water used in treatment (bbl): 94716 Flowback volume recovered (bbl): 39133
Fresh water used in treatment (bbl): 1285 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 0 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: 11/10/2017 Hours: 1 Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 13
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1050 Bbl H2O: 275 GOR: 0
Test Method: FLOWING Casing PSI: 1435 Tubing PSI: 895 Choke Size: 20
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7075 Tbg setting date: 11/01/2017 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: _____ Email mlackie@laramie-energy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401459031	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)