

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2553524

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: 10232 4. Contact Name: ERIC JACOBSON
2. Name of Operator: LARAMIE ENERGY II, LLC Phone: _____
3. Address: 1512 LARIMER ST STE 1000 Fax: _____
City: DENVER State: CO Zip: 80202

5. API Number 05-045-15561-00 6. County: GARFIELD
7. Well Name: LARAMIE Well Number: 20-06D
8. Location: QtrQtr: NWSW Section: 20 Township: 6S Range: 93W Meridian: 6

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>N/A</u>	
Treatment Date: <u>02/19/2010</u>		Date of First Production this formation: <u>02/19/2010</u>	
Perforations	Top: <u>6852</u> Bottom: <u>8755</u>	No. Holes: <u>213</u>	Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>2652777 GALS SLICKWATER, 1264560# 20/40 WHITE SAND, 5500 GALS 15% HCL ACID.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>03/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>813</u> Bbls H2O: <u>770</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>813</u> Bbls H2O: <u>770</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>750</u>	Tubing PSI: _____	Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1100</u>	API Gravity Oil: _____
Tubing Size: <u>2.375</u>	Tubing Setting Depth: <u>8260</u>	Tbg setting date: <u>03/13/2010</u>	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ERIC JACOBSON
Title: SR OPS ENG Date: 3/18/2010 Email: EJACOBSON@LARAMIE-ENERGY.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2553524	FORM 5A SUBMITTED	LF@2473384 2553524

Total Attach: 1 Files