


FORM 5 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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400117082	DE	ET	OE	ES
DE	ET	OE	ES				
DRILLING COMPLETION REPORT							
This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 10232		4. Contact Name: mel lackie					
2. Name of Operator: LARAMIE ENERGY II, LLC		Phone: (303) 339-4413					
3. Address: 1512 LARIMER ST STE 1000		Fax: (303) 339-4399					
City: DENVER	State: CO	Zip: 80202					
5. API Number 05-045-19930-00		6. County: GARFIELD					
7. Well Name: HONEA FED.		Well Number: 24-09C					
8. Location: QtrQtr: Lot 2 Section: 19 Township: 7S Range: 93W Meridian: 6							
Footage at surface: Distance: 2161 feet Direction: FNL Distance: 953 feet Direction: FWL							
As Drilled Latitude: 39.426430	As Drilled Longitude: -107.822600						
GPS Data:							
Data of Measurement: 12/15/2010 PDOP Reading: 1.8 GPS Instrument Operator's Name: dave murrey							
** If directional footage at Top of Prod. Zone Dist.: 1844 feet. Direction: FSL Dist.: 683 feet. Direction: FEL							
Sec: 24 Twp: 7s Rng: 94w							
** If directional footage at Bottom Hole Dist.: 1813 feet. Direction: FSL Dist.: 708 feet. Direction: FEL							
Sec: 24 Twp: 7s Rng: 94w							
9. Field Name: WILDCAT		10. Field Number: 99999					
11. Federal, Indian or State Lease Number: COC-066920							
12. Spud Date: (when the 1st bit hit the dirt) 10/13/2010 13. Date TD: 10/30/2010 14. Date Casing Set or D&A: 11/04/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 11065 TVD** 11010		17 Plug Back Total Depth MD 11000 TVD** 10945					
18. Elevations GR 8563 KB 8584		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.					
19. List Electric Logs Run:							
ACTR, SD, DSN, TEMP, CBL							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16		0	40	100	0	40	CALC
SURF	14+3/4	8+5/8		0	2,546	1,050	0	2,546	CALC
1ST	7+7/8	4+1/2		0	11,045	1,874	2,790	11,045	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	7,394		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	10,048		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,882		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

1.9" parasite string set @ 2362'

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: eng. Tech. Date: 12/16/2010 Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400117276	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400117082	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Directional log is part of attached Operations Summary. Requested digital log upload and Form 5A.	3/15/2011 2:29:11 PM

Total: 1 comment(s)