

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number:	10232	4. Contact Name	
2. Name of Operator:	Laramie Energy, LLC	Bob Hea	
3. Address:	1512 Larimer Street, Suite 1000	Phone:	(303) 339-4400
City:	Denver	State:	CO
Zip:	80134	Fax:	303-339-4399
5. API Number	05- U45-T1515	OGCC Facility ID Number	
6. Well/Facility Name:	Jonsson	Well/Facility Number	19-08B
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	SENE Sec 19 - T 6S - R 93, 6th PM		
9. County:	Garfield	10. Field Name:	
11. Federal, Indian or State Lease Number:			

General Notice

<input type="checkbox"/> CHANGE OF LOCATION:	Attach New Survey Plat	(a change of surface qtr/qtr is substantive and requires a new permit)	
Change of Surface Footage from Exterior Section Lines:		FNL/FSL	FEL/FWL
Change of Surface Footage to Exterior Section Lines:			
Change of Bottomhole Footage from Exterior Section Lines:			
Change of Bottomhole Footage to Exterior Section Lines:			
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer			attach directional survey
Latitude			Distance to nearest property line
Longitude			Distance to nearest lease line
Ground Elevation			Distance to nearest well same formation
			Surface owner consultation date:

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation	Formation Code
Spacing order number	Unit Acreage
Unit configuration	Signed surface use agreement attached

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date:	From:	
Plugging Bond:	To:	
<input type="checkbox"/> Blanket <input type="checkbox"/> Individual	Effective Date:	

<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection:	MIT required if shut in longer than two years. Date of last MIT

<input type="checkbox"/> SPUD DATE:	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries
Method used	Cementing tool setting/perf depth
Cement volume	Cement top
Cement bottom	Date

<input type="checkbox"/> RECLAMATION:	Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately	<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date:	Date Work Completed:

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Request to Complete
	for Spills and Releases

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

Signed:	Eric Jacobson	Date:		Email:	ejacobson@laramie-energy.com
Print Name:	Eric Jacobson	Title:	Senior Operations Engineer		
COGCC Approved:	<i>Eric Jacobson</i>	Title:	EIT III	Date:	MAR 29 2010
CONDITIONS OF APPROVAL, IF ANY:					

Approval of this form does not authorize continued injection.

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

MAR 23 2010

OGCC/Rifle Office

1. OGCC Operator Number:	10232	API Number:	05-045-11515
2. Name of Operator:	Laramie Energy, LLC	OGCC Facility ID #	
3. Well/Facility Name:	Jonsson	Well/Facility Number:	19-08B
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SENE Sec 19 - T 6S - R 93, 6th PM		

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Perforate Upper Williams Fork and Test for Injectivity for Disposal

Fracture stimulate the Williams Fork above the top of gas.

Frac from 6343' to 6387'.

Current bradenhead pressure is 0 psi. (3/17/2010)

Curent wellbore and propsed wellbore diagrams are included.

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COGCC/Rifle Office

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