

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:

2511498

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 JOHNSON
2. Name of Operator: LARAMIE ENERGY II, LLC Phone: (303) 3394400
3. Address: 1512 LARIMER ST STE 1000 Fax: (303) 3394399
City: DENVER State: CO Zip: 80202

5. API Number 05-045-18471-00 6. County: GARFIELD
7. Well Name: FURR Well Number: 22-15A
8. Location: QtrQtr: SWSE Section: 22 Township: 7S Range: 95W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/09/2010</u>	Date of First Production this formation: <u>07/13/2010</u>
Perforations Top: <u>6164</u> Bottom: <u>7946</u>	No. Holes: <u>256</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>2,338,812 GALS SLICKWATER</u> <u>1,115,800# 20/40 WHITE SAND</u> <u>4,500 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>08/03/2010</u> Hours: <u>24</u> Bbls oil: _____ Mcf Gas: <u>1177</u> Bbls H2O: <u>360</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: <u>1177</u> Bbls H2O: <u>360</u> GOR: <u>0</u>	
Test Method: _____ Casing PSI: <u>270</u> Tubing PSI: <u>210</u> Choke Size: <u>24/100</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1100</u> API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7513</u> Tbg setting date: <u>08/03/2010</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: _____	

Comment:

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

Signed: _____ Print Name: RANDY NATVIG

Title: DRIG. & COMPS MANAGER Date: 8/4/2010 Email MATVIG@LARAMIE-ENERGY.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 11/16/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2511498	FORM 5A SUBMITTED	LF@2547414 2511498

Total Attach: 1 Files