

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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COMPLETED INTERVAL REPORT

Document Number:

2511499

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 05-045-18470-00 6. County: GARFIELD
 7. Well Name: FURR Well Number: 22-15C
 8. Location: QtrQtr: SWSE Section: 22 Township: 7S Range: 95W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 07/11/2010 Date of First Production this formation: 07/13/2010
 Perforations Top: 6058 Bottom: 7884 No. Holes: 254 Hole size: 35/100
 Provide a brief summary of the formation treatment: Open Hole:
 1,742,202 GALS, SLICKWATER
 809,300# 20/40 WHITE SAND
 4,000 GALS. 15% HCL ACID
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 07/30/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1162 Bbls H2O: 120
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: 710 Tubing PSI: 470 Choke Size: 16/100
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1100 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7414 Tbg setting date: 07/30/2010 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: _____

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: 1/19/2011

Attachment Check List

Att Doc Num	Name
2511499	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)