

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2511499

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 05-045-18470-00

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)