

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:

2591209

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 JACOBSON
2. Name of Operator: LARAMIE ENERGY II, LLC Phone: (303) 339-4400
3. Address: 1512 LARIMER ST STE 1000 Fax: (303) 339-4399
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19683-00 6. County: GARFIELD
7. Well Name: FURR Well Number: 22-07C
8. Location: QtrQtr: SWNE 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: 09/17/2010 Date of First Production this formation: 09/30/2010
Perforations Top: 5884 Bottom: 7718 No. Holes: 220 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
1,834,105 GASL. SLICKWATER
930,503 # 20/40 WHITE SAND
4,000 15% HCL ACID
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/05/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1006 Bbls H2O: 480
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 1200 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1100 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7256 Tbg setting date: 09/30/2010 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: DRLG & COMPS MANAGER Date: 11/17/2010 Email MATVIG@LARAMIE-ENERGY.COM

Attachment Check List

Att Doc Num	Name
2591209	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested well bore diagram.	2/24/2011 3:17:35 PM

Total: 1 comment(s)