

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:

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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 05-045-16960-00 6. County: GARFIELD
7. Well Name: JOHNSON FED. Well Number: 5-10C
8. Location: QtrQtr: NWNE Section: 5 Township: 8S Range: 93W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 10/08/2010 Date of First Production this formation: 11/01/2010
Perforations Top: _____ Bottom: _____ No. Holes: 244 Hole size: 7/20
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
3,222,053 GALS. SLICKWATER
1,561,200# 20/40 WHITE SAND
6,500 GALS. 15% HCL ACID

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1252 Bbls H2O: 720
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: 2550 Tubing PSI: 1550 Choke Size: 18
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1100 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8805 Tbg setting date: 10/28/2010 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: DRILLING MANAGER Date: 12/20/2010 Email RNATVIG@LARAMIE-ENERGY.COM
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELLBORE DIAGRAM REQUESTED.	7/13/2011 11:04:00 AM

Total: 1 comment(s)