

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 1634930
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: <u>10232</u>	4. Contact Name: <u>RANDY NATVIG</u>
2. Name of Operator: <u>LARAMIE ENERGY II, LLC</u>	Phone: <u>(303) 339-4400</u>
3. Address: <u>1512 LARIMER ST STE 1000</u>	Fax: <u>(303) 339-4399</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19930-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>HONEA FED.</u>	Well Number: <u>24-09C</u>
8. Location: QtrQtr: <u>Lot 2</u> Section: <u>19</u> Township: <u>7S</u> Range: <u>93W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>01/12/2011</u>
Perforations Top: <u>8966</u> Bottom: <u>10854</u>	No. Holes: <u>236</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>3,605,880 GALS. SLICKWATER; 1,823,049# 20/40 WHITE SAND; 7,500 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>02/27/2011</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>1732</u> Bbls H2O: <u>720</u>
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>flowing</u>	Casing PSI: <u>1550</u> Tubing PSI: _____ Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>1100</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>10170</u>	Tbg setting date: <u>03/03/2011</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: DRILLING & OPERATIONS MGR Date: 3/24/2011 Email: MATVIG@LARAMIE-ENERGY.COM

Attachment Check List

Att Doc Num	Name
1634930	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)