


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1634931</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
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>05-045-17257-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>HONEA</u>		Well Number: <u>24-01C</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>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>01/21/2011</u>		Date of First Production this formation: <u>01/11/2011</u>					
Perforations Top: <u>8731</u> Bottom: <u>10725</u>		No. Holes: <u>242</u> Hole size: <u>35/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
2,940,351 GALS SLICKWATER 1,480,329 # 20/40 WHITE SAND 8,000 GALS 15% HCL ACID							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>02/27/2011</u> Hours: <u>24</u>		Bbls oil: <u>0</u> Mcf Gas: <u>1625</u> Bbls H2O: <u>288</u>					
Calculated 24 hour rate:		Bbls oil: <u>          </u> Mcf Gas: <u>          </u> Bbls H2O: <u>          </u> GOR: <u>          </u>					
Test Method: <u>                          </u>		Casing PSI: <u>1650</u> Tubing PSI: <u>1050</u> Choke Size: <u>20</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>10247</u> Tbg setting date: <u>02/03/2011</u> Packer Depth: <u>          </u>					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
Date formation Abandoned: <u>          </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u>          </u>					
Bridge Plug Depth: <u>          </u>		Sacks cement on top: <u>          </u>					
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 3/28/2011 Email MATVIG@LARAMIE-ENERGY.COM  
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### **Attachment Check List**

Att Doc Num	Name
1634931	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)