

**FORM
5**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

Document Number:

400169432

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

1. OGCC Operator Number: 10232

4. Contact Name: mel lackie

2. Name of Operator: LARAMIE ENERGY II, LLC

Phone: (303) 339-4413

3. Address: 1512 LARIMER ST STE 1000

Fax: (303) 339-4399

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19140-00

6. County: GARFIELD

7. Well Name: SAVAGE

Well Number: 18-08C

8. Location: QtrQtr: SWNW Section: 17 Township: 7S Range: 94W Meridian: 6

Footage at surface: Distance: 1097 feet Direction: FNL Distance: 94 feet Direction: FWL

As Drilled Latitude: 39.442090 As Drilled Longitude: -107.919300

GPS Data:

Data of Measurement: 02/02/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Dave Murray

** If directional footage at Top of Prod. Zone Dist.: 1709 feet. Direction: FNL Dist.: 699 feet. Direction: FEL

Sec: 18 Twp: 7s Rng: 94w

** If directional footage at Bottom Hole Dist.: 1718 feet. Direction: FNL Dist.: 750 feet. Direction: FEL

Sec: 18 Twp: 7s Rng: 94w

9. Field Name: RULISON

10. Field Number: 75400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/09/2010 13. Date TD: 11/22/2010 14. Date Casing Set or D&A: 11/25/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 9065 TVD** 8984 17 Plug Back Total Depth MD 9002 TVD** 8921

18. Elevations GR 7213 KB 7234

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Mud logs

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16		0	40	4	0	40	CALC
SURF	14+3/4	8+5/8	32	0	1,050	400	0	1,050	CALC
1ST	7+7/8	4+1/2	11.6	0	9,050	1,100	0	9,050	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
CAMEO			<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS			<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

well is not completed this is preliminary

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: mel lackie

Title: eng tech Date: 5/26/2011 Email: mlackie@laramie-energy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400169449	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400169451	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400169432	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Preliminary Form 5, no CBL yet.	9/15/2011 8:49:20 AM

Total: 1 comment(s)