

**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:

2517748

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: RANDY NATVIG

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 05-077-10093-00

6. County: MESA

7. Well Name: BRUTON

Well Number: 19-06C

8. Location: QtrQtr: SESW Section: 19 Township: 9S Range: 93W Meridian: 6

Footage at surface: Distance: 880 feet Direction: FSL Distance: 1759 feet Direction: FWL

As Drilled Latitude: 39.257800 As Drilled Longitude: -107.814580

GPS Data:

Date of Measurement: 05/09/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: DAVE MURREY

** If directional footage at Top of Prod. Zone Dist.: 2097 feet. Direction: FNL Dist.: 1971 feet. Direction: FWL

Sec: 19 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 2130 feet. Direction: FNL Dist.: 1954 feet. Direction: FWL

Sec: 19 Twp: 9S Rng: 93W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/07/2011 13. Date TD: 03/18/2011 14. Date Casing Set or D&A: 03/20/2011

15. Well Classification:

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

16. Total Depth MD 8100 TVD** 7597 17 Plug Back Total Depth MD 8039 TVD** 7536

18. Elevations GR 7345 KB 7366

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:

SD, DSN, ACTR, RMTE, CBL

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 | | 0 | 1,577 | 450 | 0 | 1,577 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 8,087 | 945 | 1,280 | 8,087 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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 | |
| WILLIAMS FORK | 4,904 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 7,516 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,924 | | <input type="checkbox"/> | <input type="checkbox"/> | |

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: 8/30/2011 Email: RNATVIG@LARAMIE-ENERGY.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | CMT Summary * | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes | <input type="checkbox"/> | No | <input checked="" 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> | | | | | |
| 2517748 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)