

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
----	----	----	----

Document Number:

2329670

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 05-045-15779-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 29-07B

8. Location: QtrQtr: NWNE Section: 29 Township: 6S

Range: 93W Meridian: 6

9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/21/2008</u>		Date of First Production this formation: <u>12/04/2008</u>	
Perforations	Top: <u>9347</u>	Bottom: <u>9473</u>	No. Holes: <u>24</u> Hole size: <u>35/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>212,117 GALS SLICKWATER; 106,100# 20/40 WHITE SAND; 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>12/06/2008</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>41</u> Bbls H2O: <u>25</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>425</u>	Tubing PSI: _____	Choke Size: <u>24</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>8738</u>	Tbg setting date: <u>12/16/2008</u>	Packer Depth: _____
Reason for Non-Production:			
<div></div>			
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: _____	

FORMATION: WILLIAMS FORK - CAMEO						Status:	PRODUCING	
Treatment Date: 11/21/2008			Date of First Production this formation:			12/04/2008		
Perforations Top: 6489		Bottom: 8350		No. Holes: 186		Hole size: 35/100		
Provide a brief summary of the formation treatment:				Open Hole: <input type="checkbox"/>				
1,430,705 GALS. SLICKWATER; 829,900# 20/40 WHITE SAND; 4,500 GALS. 15% HCL ACID.								
This formation is commingled with another formation:				<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
Test Information:								
Date: 12/06/2008	Hours: 24	Bbls oil: 0	Mcf Gas: 373	Bbls H2O: 220				
Calculated 24 hour rate:		Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 0			
Test Method: Flowing		Casing PSI: 425	Tubing PSI:	Choke Size: 20				
Gas Disposition:		Gas Type:	BTU Gas: 1	API Gravity Oil: 0				
Tubing Size: 2 + 3/8	Tubing Setting Depth: 8738	Tbg setting date: 12/16/2008		Packer Depth:				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px;"></div>								
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:

OPERATOR OMITTED SIGNATURE AND DATE.

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

Signed:

Print Name: ERIC JACOBSON

Title: SR. OPS. ENGINEER

Date: 12/5/2011

EJACOBSON@LARAMIE-ENERGY.COM

Email
:

Attachment Check List

Att Doc Num	Name
2329670	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK WILLIAMSFORK CAMEO FORMATION: BTU GAS IS A REQUIRED ENTRY IF MCF GAS IS ENTERED.	12/9/2011 8:59:53 AM

Total: 1 comment(s)