

**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



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COMPLETED INTERVAL REPORT

Document Number:

2329670

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>ERIC JACOBSON</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>05-045-15779-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>FEDERAL</u>	Well Number: <u>29-07B</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>29</u> Township: <u>6S</u> Range: <u>93W</u> Meridian: <u>6</u>	
9. Field Name: <u>RULISON</u> Field Code: <u>75400</u>	

Completed Interval

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 11/21/2008 Date of First Production this formation: 12/04/2008

Perforations Top: 9347 Bottom: 9473 No. Holes: 24 Hole size: 35/100

Provide a brief summary of the formation treatment: _____ Open Hole:

212,117 GALS SLICKWATER; 106,100# 20/40 WHITE SAND; 500 GALS. 15% HCL ACID.

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/06/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 41 Bbls H2O: 25

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 0

Test Method: Flowing Casing PSI: 425 Tubing PSI: _____ Choke Size: 24

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1100 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: _____

Date formation Abandoned: _____ Squeeze: Yes 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:

1,430,705 GALS. SLICKWATER; 829,900# 20/40 WHITE SAND; 4,500 GALS. 15% HCL ACID.

This formation is commingled with another formation: Yes 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: _____

Date formation Abandoned: _____ Squeeze: Yes 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)