

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
2332544

Date Received:  
05/11/2012

**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 05-077-10101-00 6. County: MESA  
 7. Well Name: Bruton Well Number: 30-16B  
 8. Location: QtrQtr: NWSE Section: 30 Township: 9S Range: 93W Meridian: 6  
 Footage at surface: Distance: 2497 feet Direction: FSL Distance: 1784 feet Direction: FEL  
 As Drilled Latitude: 39.247720 As Drilled Longitude: -107.808590

GPS Data:  
 Date of Measurement: 03/14/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: DAVE MURREY

\*\* If directional footage at Top of Prod. Zone Dist.: 864 feet. Direction: FSL Dist.: 663 feet. Direction: FEL  
 Sec: 30 Twp: 9S Rng: 93W

\*\* If directional footage at Bottom Hole Dist.: 826 feet. Direction: FSL Dist.: 665 feet. Direction: FEL  
 Sec: 30 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) 12/06/2011 13. Date TD: 12/14/2011 14. Date Casing Set or D&A: 12/17/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8030 TVD\*\* 7676 17 Plug Back Total Depth MD 7980 TVD\*\* 7626

18. Elevations GR 7647 KB 7668 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:  
DSN, SD, ACTR, MUD, TEMP

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		0	40	CALC
SURF	12+1/4	8+5/8		0	1,559	425	0	1,559	CALC
1ST	7+7/8	4+1/2		0	8,026	760	1,560	8,026	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	4,778		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,497		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,860		<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: 5/11/2012 Email: RNATVIG@LARAMIE-ENERGY.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
1533129	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1533131	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"/>
<b>Other Attachments</b>			
2332544	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400290539	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date
Permit	Uploaded dir. template from oper. Req'd LAS logs.	5/30/2012 2:07:25 PM

Total: 1 comment(s)