

FORM  
5Rev  
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



DE ET OE ES

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:

Data 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&amp;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 ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
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)