

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:

2288106

Date Received:

04/06/2012

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 05-045-18823-00

6. County: GARFIELD

7. Well Name: BEAVER CREEK RANCH

Well Number: 08-14B

8. Location: QtrQtr: SWSW Section: 8 Township: 7S Range: 93W Meridian: 6

Footage at surface: Distance: 693 feet Direction: FSL Distance: 423 feet Direction: FWL

As Drilled Latitude: 39.454720 As Drilled Longitude: -107.805120

GPS Data:

Date of Measurement: 02/02/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: DAVE MURREY

** If directional footage at Top of Prod. Zone Dist.: 822 feet. Direction: FSL Dist.: 1938 feet. Direction: FWL

Sec: 8 Twp: 7S Rng: 93W

** If directional footage at Bottom Hole Dist.: 829 feet. Direction: FSL Dist.: 1918 feet. Direction: FWL

Sec: 8 Twp: 7S 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) 09/01/2010 13. Date TD: 09/18/2010 14. Date Casing Set or D&A: 09/21/2010

15. Well Classification:

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

16. Total Depth MD 10175 TVD** 9966 17 Plug Back Total Depth MD 10081 TVD** 9872

18. Elevations GR 7828 KB 7849

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:

ACTR, SD, DSN, 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	100	0	40	CALC
SURF	14+3/4	8+5/8		0	2,545	1,080	0	2,545	CALC
1ST	7+7/8	4+1/2		0	10,126	1,475	1,550	10,126	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	6,387		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,182		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,004		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: 1.9" PARASITE STRING SET AT 2395'.

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 & COMPLET. MGR Date: 2/17/2011 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>					
2288106	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400312402	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	off hold; uploaded dir. template.	8/3/2012 11:14:22 AM
Permit	On hold; req'd dir. template.	3/2/2012 9:59:39 AM

Total: 2 comment(s)