

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:
2237383

Date Received:
07/16/2012

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: 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 05-045-15797-00 6. County: GARFIELD
7. Well Name: FEDERAL Well Number: 29-06D
8. Location: QtrQtr: NESW Section: 29 Township: 6S Range: 93W Meridian: 6
Footage at surface: Distance: 1874 feet Direction: FSL Distance: 2138 feet Direction: FWL
As Drilled Latitude: 39.494940 As Drilled Longitude: -107.800510

GPS Data:

Date of Measurement: 02/04/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: MATT BUSKER

** If directional footage at Top of Prod. Zone Dist.: 2472 feet. Direction: FNL Dist.: 1973 feet. Direction: FWL

Sec: 29 Twp: 6S Rng: 93W

** If directional footage at Bottom Hole Dist.: 2538 feet. Direction: FNL Dist.: 1937 feet. Direction: FWL

Sec: 29 Twp: 6S Rng: 93W

9. Field Name: RULISON 10. Field Number: 75400

11. Federal, Indian or State Lease Number: COC 64181

12. Spud Date: (when the 1st bit hit the dirt) 08/29/2008 13. Date TD: 09/16/2008 14. Date Casing Set or D&A: 09/18/2008

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10074 TVD** 9999 17 Plug Back Total Depth MD 10022 TVD** 9947

18. Elevations GR 6204 KB 6223

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:

HRI,SD,DSN,GR,CAL,TEMP,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	0	40		0	40	CALC
SURF	12+1/4	8+5/8	0	0	1,524	420	0	1,524	CALC
1ST	7+7/8	4+1/2	0	0	10,070	1,285	4,720	10,070	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	5,258		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,958		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,394		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	9,619		<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: BOB HEA

Title: VP ENG & OPS Date: 7/16/2012 Email: BHEA@LARAMIE-ENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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"/>
Other Attachments			
2237383	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	No changes from Form 5 (doc # 1937748).	11/6/2012 11:01:45 AM

Total: 1 comment(s)