

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

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: 10232 2. Name of Operator: LARAMIE ENERGY II, LLC 3. Address: 1512 LARIMER ST STE 1000 City: DENVER State: CO Zip: 80202 4. Contact Name: RANDY NATVIG Phone: (303) 339-4400 Fax: (303) 339-4399

5. API Number 05-077-10105-00 6. County: MESA 7. Well Name: Hawxhurst 8. Location: QtrQtr: NESE Section: 24 Township: 9S Range: 95W Meridian: 6 9. Field Name: BUZZARD Field Code: 9495

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: Treatment Date: 02/20/2012 End Date: Date of First Production this formation: 03/04/2012 Perforations Top: 6094 Bottom: 6188 No. Holes: 28 Hole size: 34/100 Provide a brief summary of the formation treatment: Open Hole: []

489551 GALS. SLICKWATER 236748 # 30/50 WHITE SAND 500 GALS. 15% HCL ACID

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: SOLD Gas Type: DRY Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2012 End Date: _____ Date of First Production this formation: 03/04/2012

Perforations Top: 6244 Bottom: 6419 No. Holes: 28 Hole size: 34/100

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

474360 GALS. SLICKWATER
235596 # 30/50 WHITE SAND
1000 GALS. 15% HCL ACID

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/20/2012 End Date: Date of First Production this formation: 03/11/2012
Perforations Top: 6094 Bottom: 6419 No. Holes: 56 Hole size: 0.37

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/11/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 618 Bbl H2O: 240
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 618 Bbl H2O: 240 GOR: 0
Test Method: flow Casing PSI: 750 Tubing PSI: 360 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1042 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6321 Tbg setting date: 02/28/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

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: DRILL & COMPLIANCE MGR Date: 5/23/2012 Email: RNATVIG@LARAMIE-ENERGY.COM

Attachment Check List

Att Doc Num	Name
1533801	CEMENT JOB SUMMARY
1533802	OTHER
2332715	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
Permit	added CM tab for lles and transferred prod. test data to this tab.	1/4/2013 1:56:33 PM
Permit	form 5 rec'd 8/9/12 and in data-entry. ON HOLD: Need CBL for form 5.11/14/12 dhs	8/10/2012 12:15:54 PM

Total: 2 comment(s)