

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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Date Received:

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: 10433
2. Name of Operator: LARAMIE ENERGY LLC
3. Address: 1401 SEVENTEENTH STREET #1400
City: DENVER State: CO Zip: 80202
4. Contact Name: MEL LACKIE
Phone: (303) 339-4400
Fax: (303) 339-4399
Email: mlackie@laramie-energy.com

5. API Number 05-077-09698-00
6. County: MESA
7. Well Name: NVEGA
Well Number: 22-131
8. Location: QtrQtr: NESE Section: 21 Township: 9S Range: 93W Meridian: 6
9. Field Name: BUZZARD CREEK Field Code: 9500

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/15/2010 End Date: 04/18/2010 Date of First Production this formation: 04/29/2010

Perforations Top: 6482 Bottom: 7886 No. Holes: 128 Hole size: 0.34

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

215 bbls hcl acid; 61,040 bbls treated water; 867,529 # Jordan sand

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 61255
Max pressure during treatment (psi):
Total gas used in treatment (mcf): 0
Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment:
Min frac gradient (psi/ft):
Total acid used in treatment (bbl): 215
Number of staged intervals: 9
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl):
Fresh water used in treatment (bbl):
Disposition method for flowback:
Total proppant used (lbs): 867529
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/15/2010 Hours: 24 Bbl oil: 1 Mcf Gas: 1613 Bbl H2O: 475
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: flowing Casing PSI: 1061 Tubing PSI: 446 Choke Size: 48
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1097 API Gravity Oil: 55
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6287 Tbg setting date: 05/27/2010 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MEL LACKIE
Title: ENGINEERING TECHNICIAN Date: _____ Email mlackie@laramie-energy.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

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User Group **Comment** **Comment Date**

		Stamp Upon Approval
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