

FORM
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Rev
12/20

State of Colorado

Energy & Carbon Management Commission

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Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type Final completion Preliminary completion

ECMC Operator Number: 10433 Contact Name: Lori Muhr
Name of Operator: LARAMIE ENERGY LLC Phone: (970) 312-6479
Address: 1700 LINCOLN ST STE 3950 Fax:
City: DENVER State: CO Zip: 80203 Email: LMuhr@Laramie-Energy.com

API Number 05-045-12833-00 County: GARFIELD
Well Name: CASCADE CREEK Well Number: 697-20-04D
Location: QtrQtr: NENW Section: 20 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 1031 feet Direction: FNL Distance: 1901 feet Direction: FWL
As Drilled Latitude: 39.512925 As Drilled Longitude: -108.246088
GPS Data: GPS Quality Value: 1.4 Type of GPS Quality Value: PDOP Date of Measurement: 08/22/2006
** If directional footage at Top of Prod. Zone Dist: 143 feet Direction: FNL Dist: 2351 feet Direction: FWL
** If directional footage at Bottom Hole Dist: 130 feet Direction: FNL Dist: 2353 feet Direction: FWL
Field Name: GRAND VALLEY Field Number: 31290
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 03/02/2007 Date TD: 03/26/2007 Date Casing Set or D&A: 03/27/2007
Rig Release Date: 03/27/2007 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 6974 TVD** 6838 Plug Back Total Depth MD 6897 TVD** 6750
Elevations GR 6510 KB 6534 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, Gamma Ray, Temp Log, RMTE Gamma Ray

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): Fresh Water (bbls):
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
CONDUCTOR	20	16	na	na	0	60	0	60	0	CALC
SURF	12+1/4	9+5/8	na	na	0	1041	289	1041	0	CALC
1ST	8+3/4	4+1/2	na	na	0	6942	1323	6942	1585	CBL

Bradenhead Pressure Action Threshold 312 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to ECMC)
	Top	Bottom	DST	Cored	
WASATCH G	2,622	2,773			
FORT UNION	2,773	3,969			
MESAVERDE	3,969	4,205			
WILLIAMS FORK	4,205	6,266			
CAMEO	6,266	6,704			
ROLLINS	6,704				

Operator Comments:

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

Signed: _____

Print Name: Lori Muhr

Title: Regulatory Analyst

Date: _____

Email: LMuhr@Laramie-Energy.com

ATTACHMENT 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"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)