

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: 10131  
2. Name of Operator: ST. JAMES ENERGY OPERATING INC  
3. Address: 11177 EAGLE VIEW DR STE 1  
City: SANDY State: UT Zip: 84092  
4. Contact Name: Kent Moore  
Phone: (970) 301-0291  
Fax: \_\_\_\_\_

5. API Number 05-123-27175-00  
6. County: WELD  
7. Well Name: OWL CREEK  
Well Number: 7-5  
8. Location: QtrQtr: SESE Section: 5 Township: 6N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>7058</u> Bottom: <u>7071</u>	No. Holes: <u>52</u> Hole size: <u>013/32</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>codel frac with 3094 bbl fluid and 270700 lbs 20/40 sand. see niobrara for production information</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 10/16/2010 Date of First Production this formation: 10/18/2010

Perforations Top: 6771 Bottom: 6906 No. Holes: 96 Hole size: 03/4

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

Frac niobrara A and B with 4087 bbl fluid and 250,060 lbs 30/50 sand. Production shown as NB-CD

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 10/21/2010 Hours: 24 Bbls oil: 103 Mcf Gas: 331 Bbls H2O: 83

Calculated 24 hour rate: Bbls oil: 103 Mcf Gas: 331 Bbls H2O: 83 GOR: 3214

Test Method: flowing Casing PSI: 680 Tubing PSI:          Choke Size: 14

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1257 API Gravity Oil: 46

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:         

Comment:

        

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

Signed:          Print Name: Dan Hull

Title: Agent Date:          Email dan.hull@lra-inc.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:          Director of COGCC Date: