

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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COMPLETED INTERVAL REPORT

Document Number:
400105621

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: NIOBRARA-CODELL Status: PRODUCING

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

Perforations Top: 6771 Bottom: 7071 No. Holes: 148 Hole size: _____

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

codel frac with 3094 bbl fluid and 270700 lbs 20/40 sand. CD perms 7058-7071, 52 hole @13/32. NB perms 6771-6906, 96 holes @.75". Frac NB A & B with 4087 bbls fluid and 250060 lbs 30/50 sand. Prod 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: 14/64

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: 11/2/2010 Email dan.hull@lra-inc.com

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: David S. Neslin Director of COGCC Date: 1/13/2011

Attachment Check List

Att Doc Num	Name
400105621	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)