

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400123933

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 4. Contact Name: Kent Moore
2. Name of Operator: ST. JAMES ENERGY OPERATING INC Phone: (970) 301-0291
3. Address: 11177 EAGLE VIEW DR STE 1 Fax: (970) 378-8623
City: SANDY State: UT Zip: 84092

5. API Number 05-123-29044-00 6. County: WELD
7. Well Name: FAIRMEADOWS Well Number: 3-30
8. Location: QtrQtr: NWSW Section: 30 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>11/26/2010</u>		Date of First Production this formation: <u>11/28/2010</u>		
Perforations	Top: <u>6783</u>	Bottom: <u>6768</u>	No. Holes: <u>60</u>	Hole size: <u>13/32</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>CodeL fractured with 132937 gallons of fluid and 270000 lbs sand</div>				
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Test Information:				
Date: <u>11/30/2010</u>	Hours: <u>24</u>	Bbls oil: <u>128</u>	Mcf Gas: <u>212</u>	Bbls H2O: <u>190</u>
Calculated 24 hour rate:		Bbls oil: <u>128</u>	Mcf Gas: <u>212</u>	Bbls H2O: <u>190</u> GOR: <u>1656</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>700</u>	Tubing PSI: <u></u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>2778</u>	API Gravity Oil: <u>46</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <div></div>				
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>				
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>				

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/26/2010 Date of First Production this formation: 11/28/2010

Perforations Top: 6580 Bottom: 6604 No. Holes: 96 Hole size: 47/64

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

167542 gallons fluid, 240,646 lbs sand

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

Test Information:

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: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

production reported as Niobrara-Codell

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: Sr. Project Manager Date: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)