

**FORM  
5A**Rev  
02/08State 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>NIOBRARA-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>6580</u>	Bottom: <u>6768</u>	No. Holes: <u>156</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
CD perms 6783-6768, 60 holes @ 13-32". Codel fractured with 132937 gallons of fluid and 270000 lbs sand. NB perms 6580-6604, 96 holes @ 47/64. 167542 gal fluid 240646 lbs sand.			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
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: <u></u>			
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>			

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: 1/14/2011 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: 1/19/2011

**Attachment Check List**

Att Doc Num	Name
400123933	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)