

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:  
400123933

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: (970) 378-8623

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: NIOBRARA-CODELL Status: PRODUCING

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

Perforations Top: 6580 Bottom: 6768 No. Holes: 156 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:  Yes  No

Test Information:

Date: 11/30/2010 Hours: 24 Bbls oil: 128 Mcf Gas: 212 Bbls H2O: 190

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 128 Mcf Gas: 212 Bbls H2O: 190 GOR: 1656

Test Method: Flowing Casing PSI: 700 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 2778 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: 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

Total: 0 comment(s)