

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:

400129841

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) 351-8877
3. Address: 11177 EAGLE VIEW DR STE 1 Fax: (970) 378-8623
City: SANDY State: UT Zip: 84092

5. API Number 05-123-29820-00 6. County: WELD
7. Well Name: CECIL Well Number: 35-1
8. Location: QtrQtr: SWSE Section: 35 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/04/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7004</u> Bottom: <u>7016</u>	No. Holes: <u>48</u> Hole size: <u>013/32</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell fractured with 270,000 lbs 20/40 sand and 134,000 gal fluid</u> <u>Production reported as Niobrara -codell</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>01/11/2011</u> Hours: <u>24</u> Bbls oil: <u>130</u> Mcf Gas: <u>136</u> Bbls H2O: <u>143</u>	
Calculated 24 hour rate: Bbls oil: <u>130</u> Mcf Gas: <u>136</u> Bbls H2O: <u>142</u> GOR: <u>1046</u>	
Test Method: <u>flowing</u> Casing PSI: <u>460</u> Tubing PSI: _____ Choke Size: <u>014/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: _____ API Gravity Oil: <u>43</u>	
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: _____ Date of First Production this formation: _____

Perforations Top: 6736 Bottom: 6748 No. Holes: 47 Hole size: 13/32

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

Niobrara B Perforated from 6864-6876 4 SPF, 47 Shots total. 13/32" Hole size.
Fractured with 250860 30/50 sand, and 173,000 gal fluid
Production reported as NB_CD

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: _____

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)