

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:

400129841

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

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)