

**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



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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.

Document Number:

2071874

1. OGCC Operator Number: 10131 4. Contact Name: DAN HULL
2. Name of Operator: ST. JAMES ENERGY OPERATING INC Phone: (801) 5761154
3. Address: 11177 EAGLE VIEW DR STE 1 Fax: (501) 5760577
City: SANDY State: UT Zip: 84092

5. API Number 05-123-29690-00 6. County: WELD
7. Well Name: OWL CREEK Well Number: 10-2
8. Location: QtrQtr: NESE Section: 33 Township: 7N Range: 64W Meridian: 6
9. Field Name: GALETON Field Code: 27930

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/27/2010</u>	Date of First Production this formation: <u>08/28/2010</u>
Perforations Top: <u>6826</u> Bottom: <u>7132</u>	No. Holes: <u>96</u> Hole size: <u></u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>NIOBRARA A&B PERORATED WITH 2 SPF 6947-6959, 6826-6838, 96 HOLES, SIZE 0.42</u> <u>FRACTURED WITH 252882 # 20/40 SAND, 4145 BBLS FLUID.</u> <u>CD PERF 7120-7132M 48 HOLES, SIZE 0.41</u> <u>CD-FRAC'D W/ 262,626# 20/40 SAND & 2639 BBL FLUID,</u> <u>REPORTING PROD. AS NB-CD</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>08/30/2010</u> Hours: <u>25</u> Bbls oil: <u>155</u> Mcf Gas: <u>147</u> Bbls H2O: <u>178</u>	
Calculated 24 hour rate:	Bbls oil: <u>149</u> Mcf Gas: <u>141</u> Bbls H2O: <u>171</u> GOR: <u>946</u>
Test Method: <u>FLOWING</u> Casing PSI: <u>540</u> Tubing PSI: <u></u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1282</u> API Gravity Oil: <u>45</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: PROJECT MANAGER

Date: 10/14/2010

Email DAN.HULL@LRA-INC.COM

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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: 2/9/2011

Attachment Check List

Att Doc Num	Name
2071874	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)