

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2071874

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: 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: NIOBRARA-CODELL Status: PRODUCING  
 Treatment Date: 08/27/2010 Date of First Production this formation: 08/28/2010  
 Perforations Top: 6826 Bottom: 7132 No. Holes: 96 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 NIOBRARA A&B PERORATED WITH 2 SPF 6947-6959, 6826-6838, 96 HOLES, SIZE 0.42  
 FRACTURED WITH 252882 # 20/40 SAND, 4145 BBLs FLUID.  
 CD PERF 7120-7132M 48 HOLES, SIZE 0.41  
 CD-FRAC'D W/ 262,626# 20/40 SAND & 2639 BBL FLUID,  
 REPORTING PROD. AS NB-CD  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/30/2010 Hours: 25 Bbls oil: 155 Mcf Gas: 147 Bbls H2O: 178  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 149 Mcf Gas: 141 Bbls H2O: 171 GOR: 946  
 Test Method: FLOWING Casing PSI: 540 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1282 API Gravity Oil: 45  
 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: PROJECT MANAGER Date: 10/14/2010 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: 2/9/2011

**Attachment Check List**

Att Doc Num	Name
2071874	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)