

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:

400144079

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) 301-0291
3. Address: 11177 EAGLE VIEW DR STE 1 Fax: _____
City: SANDY State: UT Zip: 84092

5. API Number 05-123-29042-00 6. County: WELD
7. Well Name: ANDOLSEK Well Number: 2-2
8. Location: QtrQtr: NESW Section: 2 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/16/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7200</u> Bottom: <u>7218</u>	No. Holes: <u>72</u> Hole size: <u>013/32</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Codell fractured with 271,060 #s 20/40 sand and 144,650 gal fluid</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>02/25/2011</u> Hours: <u>24</u> Bbls oil: <u>138</u> Mcf Gas: <u>291</u> Bbls H2O: <u>213</u>	
Calculated 24 hour rate: Bbls oil: <u>138</u> Mcf Gas: <u>291</u> Bbls H2O: <u>213</u> GOR: <u>2109</u>	
Test Method: <u>flowing</u> Casing PSI: <u>500</u> Tubing PSI: _____ Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1246</u> API Gravity Oil: <u>48</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: 02/21/2011 Date of First Production this formation: _____

Perforations Top: 6952 Bottom: 7070 No. Holes: 144 Hole size: 13/32

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

Niobrara A bench shot from 6952-6964 with 4 shots per foot, 48 shots total. Niobrara B shot from 7070-6964 with 4 shots per foot, 96 shots total. Both A and B bench fractured with 250,320 lbs 30/50 sand and 176,853 gallons fluid. Production reported as Niobrara-Codell.

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: Project Manager Date: _____ Email dan.hull@lra-inc.com

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)