

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:

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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.

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: CODELL Status: PRODUCING

Treatment Date: 02/16/2011 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 7200 Bottom: 7218 No. Holes: 72 Hole size: 013/32

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Codell fractured with 271,060 #s 20/40 sand and 144,650 gal fluid

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/25/2011 Hours: 24 Bbls oil: 138 Mcf Gas: 291 Bbls H2O: 213  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 138 Mcf Gas: 291 Bbls H2O: 213 GOR: 2109  
 Test Method: flowing Casing PSI: 500 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1246 API Gravity Oil: 48  
 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: 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

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)