

**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



DE ET OE ES

Document Number:

400164807

**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 05-123-29709-00 6. County: WELD  
7. Well Name: COCKROFT Well Number: 10-4  
8. Location: QtrQtr: SESW Section: 2 Township: 6N Range: 64W Meridian: 6  
9. Field Name: HARLECH Field Code: 33560

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>04/06/2011</u>		Date of First Production this formation: <u>04/08/2011</u>	
Perforations	Top: <u>6663</u>	Bottom: <u>6964</u>	No. Holes: <u>144</u> Hole size: <u>13/32</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<p>Codell perforated from 6952-6964, 4 shots per foot, 48- .41" holes. Codel Fractured with 270,000 lbs 20/40 sand, 133,000 gallons fluid. Niobrara B perforated from 6785'-6797', 4 shots per foot, "salt and pepper", 24- .60" and 24- .36" holes. Niobrara A perforated from 6663'-6675', 4 shots per foot, "salt and pepper", 24- .60" and 24- .36" holes. Niobrara A and B fractured with 250,000 lbs 30/50 sand and 170,255 gallons fluid</p>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>04/09/2011</u>	Hours: <u>22</u>	Bbls oil: <u>147</u>	Mcf Gas: <u>162</u> Bbls H2O: <u>148</u>
Calculated 24 hour rate:		Bbls oil: <u>164</u>	Mcf Gas: <u>181</u> Bbls H2O: <u>165</u> GOR: <u>1104</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>625</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1009</u>	API Gravity Oil: <u>46</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: _____	

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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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**

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

Total: 0 comment(s)