

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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COMPLETED INTERVAL REPORT

Document Number:

400164807

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
2. Name of Operator: ST. JAMES ENERGY OPERATING INC
3. Address: 11177 EAGLE VIEW DR STE 1
City: SANDY State: UT Zip: 84092
4. Contact Name: Kent Moore
Phone: (970) 301-0291
Fax:

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: NIOBRARA-CODELL Status: COMMINGLED
Treatment Date: 04/06/2011 Date of First Production this formation: 04/08/2011
Perforations Top: 6663 Bottom: 6964 No. Holes: 144 Hole size: 13/32
Provide a brief summary of the formation treatment: Open Hole:
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
This formation is commingled with another formation: [X] Yes [ ] No
Test Information:
Date: 04/09/2011 Hours: 22 Bbls oil: 147 Mcf Gas: 162 Bbls H2O: 148
Calculated 24 hour rate: Bbls oil: 164 Mcf Gas: 181 Bbls H2O: 165 GOR: 1104
Test Method: Flowing Casing PSI: 625 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1009 API Gravity Oil: 46
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@Ira-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**

User Group	Comment	Comment Date

Total: 0 comment(s)