

**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:

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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 05-123-29470-00 6. County: WELD
7. Well Name: FOSS Well Number: 1-10
8. Location: QtrQtr: NENW Section: 10 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>03/18/2011</u>	Date of First Production this formation: <u>03/20/2011</u>
Perforations Top: <u>6682</u> Bottom: <u>7002</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 6690-7002, 4 shots per foot, 48- .41" holes. Codell Fractured with 270,000 lbs 20/40 sand, 133,000 gallons fluid. Niobrara B perforated from 6811'-6823', 4 shots per foot, "salt and pepper", 24- .60" and 24- .36" holes. Niobrara A perforated from 6682'-6694', 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 173,255 gallons fluid</p>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>03/21/2011</u> Hours: <u>20</u> Bbls oil: <u>151</u> Mcf Gas: <u>161</u> Bbls H2O: <u>152</u>	
Calculated 24 hour rate: Bbls oil: <u>181</u> Mcf Gas: <u>193</u> Bbls H2O: <u>182</u> GOR: <u>1066</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>730</u> Tubing PSI: _____ Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1276</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
:

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)