

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



Table with 4 columns: DE, ET, OE, ES

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 City: SANDY State: UT Zip: 84092 Fax:

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: COMMINGLED
Treatment Date: 02/16/2011 Date of First Production this formation:
Perforations Top: 7200 Bottom: 7218 No. Holes: 72 Hole size: 13/32
Provide a brief summary of the formation treatment: CODELL FRACTURED W/271,060#S 20/40 SAND AND 144,650 GALS FLUID
This formation is commingled with another formation: [X] 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 02/16/2011 Date of First Production this formation: _____

Perforations Top: 6952 Bottom: 7218 No. Holes: 216 Hole size: _____

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

NB AND CD COMMINGLED

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: COMMINGLED

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: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 3/18/2011 Email: dan.hull@lra-inc.com
:

Attachment Check List

Att Doc Num	Name
400144079	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)