

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



DE ET OE ES

Document Number:
400129841

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
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) 351-8877
Fax: (970) 378-8623

5. API Number 05-123-29820-00
6. County: WELD
7. Well Name: CECIL Well Number: 35-1
8. Location: QtrQtr: SWSE Section: 35 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 01/04/2011 Date of First Production this formation: _____
Perforations Top: 6736 Bottom: 7016 No. Holes: 95 Hole size: 013/32

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

Codell fractured with 270,000 lbs 20/40 sand and 134,000 gal fluid
Production reported as Niobrara -codell
Niobrara B Perforated from 6864-6876 4 SPF, 47 Shots total. 13/32" Hole size.
Fractured with 250860 30/50 sand, and 173,000 gal fluid
Production reported as NB_CD

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/11/2011 Hours: 24 Bbls oil: 130 Mcf Gas: 136 Bbls H2O: 143
Calculated 24 hour rate: Bbls oil: 130 Mcf Gas: 136 Bbls H2O: 142 GOR: 1046
Test Method: flowing Casing PSI: 460 Tubing PSI: _____ Choke Size: 014/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1264 API Gravity Oil: 43
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: _____ Date of First Production this formation: _____

Perforations Top: 6736 Bottom: 6748 No. Holes: 47 Hole size: 13/32

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

Niobrara B Perforated from 6864-6876 4 SPF, 47 Shots total. 13/32" Hole size.
Fractured with 250860 30/50 sand, and 173,000 gal fluid
Production reported as NB_CD

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: Sr Project Manager Date: 2/2/2011 Email dan.hull@lra-inc.com

Attachment Check List

Att Doc Num	Name
400129841	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	BTU info recieved.	5/11/2011 8:25:18 AM
Permit	Need BTU for gas.	5/10/2011 11:25:46 AM

Total: 2 comment(s)