

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns 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 City: SANDY State: UT Zip: 84092 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: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

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: 5/13/2011 Email dan.hull@lra-inc.com
:

Attachment Check List

Att Doc Num	Name
400164807	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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