

Document Number:
400283078

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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: (970) 378-8623
 City: SANDY State: UT Zip: 84092

5. API Number 05-123-34146-00 6. County: WELD
 7. Well Name: Larson Farms Well Number: 6-24
 8. Location: QtrQtr: NESW Section: 24 Township: 6N Range: 64W Meridian: 6
 Footage at surface: Distance: 2207 feet Direction: FSL Distance: 2417 feet Direction: FWL
 As Drilled Latitude: 40.470760 As Drilled Longitude: -104.499110

GPS Data:
 Date of Measurement: 11/01/2011 PDOP Reading: 1.5 GPS Instrument Operator's Name: Jim Peck

** If directional footage at Top of Prod. Zone Dist.: 659 feet. Direction: FSL Dist.: 752 feet. Direction: FEL
 Sec: 24 Twp: 6N Rng: 64W
 ** If directional footage at Bottom Hole Dist.: 609 feet. Direction: FSL Dist.: 681 feet. Direction: FEL
 Sec: 24 Twp: 6N Rng: 64W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/28/2011 13. Date TD: 09/02/2011 14. Date Casing Set or D&A: 09/02/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7569 TVD** 6923 17 Plug Back Total Depth MD 7543 TVD** 6898

18. Elevations GR 4643 KB 4657 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Gamma Ray CCL Cement Bond VDL

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | 24 | 0 | 783 | 550 | 0 | 760 | VISU |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,559 | 1,130 | 683 | 7,559 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| | | | | | |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
| | | | | | |

Details of work:

21. Formation log intervals and test zones:

| FORMATION LOG INTERVALS AND TEST ZONES | | | | | |
|--|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
| | Top | Bottom | DST | Cored | |
| PARKMAN | 3,904 | 4,340 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,776 | 4,938 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,326 | 5,531 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,106 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,374 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,396 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Erin Mathews

Title: Project Manager Date: _____ Email: erin.mathews@LRA-inc.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400301851 | Directional Survey ** | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400301850 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400303912 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400424503 | OPERATIONS SUMMARY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)