

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400439545

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) 351-8877

3. Address: 11177 EAGLE VIEW DR STE 1

Fax: (970) 378-8623

City: SANDY State: UT Zip: 84092

5. API Number 05-123-29708-00

6. County: WELD

7. Well Name: LARSEN FAIRMEADOWS

Well Number: 5-30

8. Location: QtrQtr: SESW Section: 30 Township: 6N Range: 63W Meridian: 6

Footage at surface: Distance: 649 feet Direction: FSL Distance: 1909 feet Direction: FWL

As Drilled Latitude: 40.452020 As Drilled Longitude: -104.481910

GPS Data:

Date of Measurement: 05/09/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: R. Tessely

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 04/12/2012 13. Date TD: 04/15/2012 14. Date Casing Set or D&A: 04/16/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 6935 TVD** 17 Plug Back Total Depth MD 6902 TVD**

18. Elevations GR 4640 KB 14

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, Cement Bond, Variable Density, CCL

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	783	VISU
1ST	7+7/8	4+1/2	11.6	0	6,916	915	0	6,916	VISU

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	
CODELL		6,758	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS		6,734	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		6,470	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,455	3,866	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,246	4,450	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,824	4,984	<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>					
400439828	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400439834	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400439826	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)