

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



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Document Number:

400124132

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 Fax: (970) 3788623
City: SANDY State: UT Zip: 84092

5. API Number 05-123-23515-00 6. County: WELD
7. Well Name: LARSEN FAIRMEADOWS Well Number: 2-30
8. Location: QtrQtr: SWSE Section: 30 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/09/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>6758</u>	Bottom: <u>6772</u>	No. Holes: <u>56</u> Hole size: <u>13/32</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>Codell Fractured with 130234 gallons of fluid and 270060 lbs sand</div>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:			
Date: <u>12/13/2010</u>	Hours: <u>24</u>	Bbls oil: <u>131</u>	Mcf Gas: <u>215</u> Bbls H2O: <u>95</u>
Calculated 24 hour rate:		Bbls oil: <u>130</u>	Mcf Gas: <u>215</u> Bbls H2O: <u>95</u> GOR: <u>1641</u>
Test Method: <u>flowing</u>	Casing PSI: <u>560</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>3478</u>	API Gravity Oil: <u>43</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div></div>			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 12/09/2010 Date of First Production this formation: _____

Perforations Top: 6482 Bottom: 6494 No. Holes: 48 Hole size: 13/32

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

Niobrara fractured with 172414 gallons fluid and 250220 lbs sand

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: _____

production reported as niobrara/codell

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: _____ Email dan.hull@lra-inc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)