

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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COMPLETED INTERVAL REPORT

Document Number:

400124132

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) 301-0291  
Fax: (970) 3788623

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: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 12/09/2010 Date of First Production this formation:  
Perforations Top: 6482 Bottom: 6772 No. Holes: 104 Hole size:  
Provide a brief summary of the formation treatment: Open Hole:   
CD perms 6758-6772, 56 holes @ 13-32. Codell Fractured with 130234 gallons of fluid and 270060 lbs sand. NB perms 6482-6494, 48 holes @ 13-32. NB fractured with 172414 gals fluid and 250220 lbs sand.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 12/13/2010 Hours: 24 Bbls oil: 131 Mcf Gas: 215 Bbls H2O: 95  
Calculated 24 hour rate: Bbls oil: 130 Mcf Gas: 215 Bbls H2O: 95 GOR: 1641  
Test Method: flowing Casing PSI: 560 Tubing PSI: Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 3478 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:

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: 1/14/2011 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: David S. Neslin Director of COGCC Date: 1/19/2011

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400124132   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)