

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>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/09/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>6482</u> Bottom: <u>6772</u>	No. Holes: <u>104</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <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: _____	
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: _____	

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)