

FORM
5

Rev
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:

400439475

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
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) 351-8877
Fax: (970) 378-8623

5. API Number 05-123-29045-00
6. County: WELD
7. Well Name: FAIRMEADOWS Well Number: 4-30
8. Location: QtrQtr: NWSE Section: 30 Township: 6N Range: 63W Meridian: 6
Footage at surface: Distance: 1978 feet Direction: FSL Distance: 1972 feet Direction: FEL
As Drilled Latitude: 40.455670 As Drilled Longitude: -104.477310

GPS Data:

Date of Measurement: 05/09/2012 PDOP Reading: 2.3 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) 04/06/2012 13. Date TD: 04/11/2012 14. Date Casing Set or D&A: 04/11/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6918 TVD** 17 Plug Back Total Depth MD 6890 TVD**

18. Elevations GR 4646 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 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	784	550	0	784	VISU
1ST	7+7/8	4+1/2	11.6	0	6,890	890	0	6,890	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		6,743	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS		6,719	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		6,463	<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,467	3,823	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,188	4,392	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,801	4,980	<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>			
400439540	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"/>
400439535	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400439533	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)