

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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) 351-8877
3. Address: 11177 EAGLE VIEW DR STE 1 City: SANDY State: UT Zip: 84092 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
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/08/2013 End Date: 05/07/2013 Date of First Production this formation: 05/10/2013

Perforations Top: 6744 Bottom: 6756 No. Holes: 48 Hole size: 13/32

Provide a brief summary of the formation treatment: Open Hole: []

Trip in and Perforated Codell 6744' - 6756', 12', 4 shots per ft, 48 total. Used 3 1/8" slick gun with 19 gram 311L charges with a .41" Entry hole, 21.12" of Penetration and 60 degree phasing.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2965 Max pressure during treatment (psi): 5332

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 147

Fresh water used in treatment (bbl): 3006 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 270440 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 6474 Bottom: 6756 No. Holes: 160 Hole size: 13/32

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/18/2013 Hours: 24 Bbl oil: 40 Mcf Gas: 113 Bbl H2O: 15

Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 40 Bbl H2O: 113 GOR: 2825

Test Method: Flowing Casing PSI: _____ Tubing PSI: 310 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1230 API Gravity Oil: 48

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6644 Tbg setting date: 04/08/2013 Packer Depth: 6381

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/06/2013 End Date: 05/08/2013 Date of First Production this formation: 05/10/2013
Perforations Top: 6474 Bottom: 6586 No. Holes: 112 Hole size: 7/20

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

Set Cast Iron Flow Thru Plug at 6676', 68' Above top of Codell and 90' Below bottom of Niobrara. Pull up and Perforate Niobrara B Bench 6570'-6586', 16', 4 shots per ft, 64 total. Pull up and Perforate Niobrara A Bench 6474'-6486', 12', 4 shots per ft, 48 total. Both were "Salt and Pepper". Used a 3 1/8" Slick Gun. 2 Shots per ft were 20 gram Big Hole Charges with a .73" Entry Hole and 6.05" of Penetration and 2 Shots per ft were .35" Entry Hole and 38.09" of Penetration and 60 Degree Phasing for a Total of 112 shots.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4090 Max pressure during treatment (psi): 6698
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.92
Total acid used in treatment (bbl): _____ Number of staged intervals: 1
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 1039
Fresh water used in treatment (bbl): 4127 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 251000 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

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	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)