

FORM  
5

Rev  
09/14

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400439545

Date Received:

06/28/2013

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: <u>10131</u>	Contact Name: <u>Kent Moore</u>
Name of Operator: <u>ST JAMES ENERGY OPERATING INC</u>	Phone: <u>(970) 351-8877</u>
Address: <u>PO BOX 1210</u>	Fax: <u>(970) 378-8623</u>
City: <u>JACKSON</u> State: <u>WY</u> Zip: <u>83001</u>	

API Number <u>05-123-29708-00</u>	County: <u>WELD</u>
Well Name: <u>LARSEN FAIRMEADOWS</u>	Well Number: <u>5-30</u>
Location: QtrQtr: <u>SESW</u> Section: <u>30</u> Township: <u>6N</u> Range: <u>63W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>649</u> feet Direction: <u>FSL</u> Distance: <u>1909</u> feet Direction: <u>FWL</u>	
As Drilled Latitude: <u>40.452020</u> As Drilled Longitude: <u>-104.481910</u>	

GPS Data:  
Date of Measurement: 05/09/2012 PDOP Reading: 1.3 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: \_\_\_\_\_

Field Name: WATTENBERG Field Number: 90750  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 04/12/2012 Date TD: 04/15/2012 Date Casing Set or D&A: 04/16/2012  
Rig Release Date: \_\_\_\_\_ Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD <u>6935</u> TVD** _____	Plug Back Total Depth MD <u>6902</u> TVD** _____
Elevations GR <u>4640</u> KB <u>4654</u>	Digital Copies of ALL Logs must be Attached per Rule 308A <input checked="" type="checkbox"/>

List Electric Logs Run:  
Gamma Ray, Cement Bond, Variable Density, CCL (see "other" attachment)

### CASING, LINER AND CEMENT

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	783	550	0	783	VISU
1ST	7+7/8	4+1/2	11.6	0	6,916	915	260	6,916	CBL

### 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:

### **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,455	3,866	NO	NO	
SUSSEX	4,246	4,450	NO	NO	
SHANNON	4,824	4,984	NO	NO	
NIOBRARA	6,498		NO	NO	
FORT HAYS	6,734		NO	NO	
CODELL	6,758		NO	NO	

Operator Comments

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: 6/28/2013 Email: erin.mathews@LRA-inc.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400439828	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"/>
400439834	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400439545	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400439826	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	No resistivity log in well file. CBL las in well file.	11/26/2016

Total: 1 comment(s)