

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:  
2071363

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: 56565  
2. Name of Operator: MERIT ENERGY COMPANY  
3. Address: 13727 NOEL ROAD STE 500  
City: DALLAS State: TX Zip: 75240  
4. Contact Name: MICHAL K WHITE  
Phone: (972) 628-1658  
Fax: (972) 628-1958

5. API Number 05-123-14538-00  
6. County: WELD  
7. Well Name: ORR Well Number: 24-1  
8. Location: QtrQtr: SENW Section: 24 Township: 4N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING

Treatment Date: 08/27/2010 Date of First Production this formation: 08/31/2010

Perforations Top: 6918 Bottom: 7246 No. Holes: 406 Hole size: 42/100

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

DRILLED OUT CIBP AT 7230'. COMMINGLED NIOBRARA AND CODELL.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 09/09/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 15 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 7500

Test Method: FLOWING Casing PSI: 320 Tubing PSI: 265 Choke Size: 0

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1277 API Gravity Oil: 56

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7218 Tbg setting date: 08/27/2010 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: MICHAL KARAM WHITE

Title: REGULATORY ANALYST Date: 9/24/2010 Email MICHAL.WHITE@MERITENERGY.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: 12/22/2010

**Attachment Check List**

Att Doc Num	Name
2071363	FORM 5A SUBMITTED
2071364	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)