

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:

2071363

## 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: 56565

4. Contact Name: MICHAL K WHITE

2. Name of Operator: MERIT ENERGY COMPANY

Phone: (972) 628-1658

3. Address: 13727 NOEL ROAD STE 500

Fax: (972) 628-1958

City: DALLAS State: TX Zip: 75240

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: NIOBRARA-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
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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	Bbbs oil:	2	Mcf Gas:	15	Bbbs H2O:	1
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 7500
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Test Method: FLOWING	Casing PSI: 320	Tubing PSI: 265	Choke Size: 0
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1277	API Gravity Oil:	56
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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 G. 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**

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

Total: 0 comment(s)