

FORM
5

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

DRILLING COMPLETION REPORT

Document Number:

2512037

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: 10154 4. Contact Name: ED ORR
2. Name of Operator: ORR ENERGY LLC Phone: (970) 351-8777
3. Address: 1813 61ST AVE STE 200 Fax: (970) 351-7851
City: GREELEY State: CO Zip: 80634

5. API Number 05-123-31456-00 6. County: WELD
7. Well Name: AG Well Number: 32-31D
8. Location: QtrQtr: NENE Section: 32 Township: 6N Range: 66W Meridian: 6
Footage at surface: Distance: 459 feet Direction: FNL Distance: 759 feet Direction: FEL
As Drilled Latitude: 40.450567 As Drilled Longitude: -104.795227

GPS Data:

Data of Measurement: 07/20/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: KRISTI MCREDMOND

** If directional footage

at Top of Prod. Zone Distance: 659 feet Direction: FNL Distance: 2008 feet Direction: FEL
Sec: 32 Twp: 6N Rng: 66W
at Bottom Hole Distance: 661 feet Direction: FNL Distance: 2012 feet Direction: FEL
Sec: 32 Twp: 6N Rng: 66W

9. Field Name: BRACEWELL 10. Field Number: 7487

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/30/2010 13. Date TD: 05/05/2010 14. Date Casing Set or D&A: 05/06/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7852 TVD 7657 17 Plug Back Total Depth MD 7755 TVD 7560

18. Elevations GR 4712 KB 4728

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:

TRIPLE COMBO, GAMMA, CBL

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		0	761	550	0	761	CBL
1ST	7+7/8	4+1/2		0	7,820	865	2,300	7,755	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
GREELEY SAND	2,620		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,628		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,350		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,800		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,906		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,198		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,220		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,682		<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: RICHARD GRIMMETTE

Title: MANAGER Date: 8/17/2010 Email: RCGRIMMETTE@YAHOO.COM

Attachment Check List

Att Doc Num	Name
2072113	CEMENT JOB SUMMARY
2512037	FORM 5 SUBMITTED
2512038	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL CBL	1/26/2011 3:26:57 PM

Total: 1 comment(s)