

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



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Document Number:

2537328

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: 10154

2. Name of Operator: ORR ENERGY LLC

3. Address: 1813 61ST AVE STE 200

City: GREELEY State: CO Zip: 80634

4. Contact Name: ED ORR

Phone: (970) 351-8777

Fax: (970) 351-7851

5. API Number 05-123-31080-00

7. Well Name: Hall

6. County: WELD

Well Number: 25-33D

8. Location: QtrQtr: SW/SE Section: 25 Township: 6N Range: 67W Meridian: 6

9. Field Name: LAPOUDRE SOUTH Field Code: 48130

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 04/16/2011

Date of First Production this formation: 06/01/2011

Perforations Top: 7198 Bottom: 7218 No. Holes: 80 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

"SLICK WATER" 90980 LBS 30/50 SAND FRACTURE TREATMENT

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/01/2011 Hours: 16 Bbls oil: 122 Mcf Gas: 150 Bbls H2O: 15

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1

Test Method: FLOWING Casing PSI: 1325 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 47

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:

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: 6/6/2011 Email: RCGRIMMETTE@GMAIL.COM

### Attachment Check List

Att Doc Num	Name
2537328	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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