

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:

2286081

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

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 05-123-31078-00

6. County: WELD

7. Well Name: HALL

Well Number: 25-34

8. Location: QtrQtr: SWSE Section: 25

Township: 6N

Range: 67W

Meridian: 6

9. Field Name: LAPOUDRE SOUTH Field Code: 48130

Completed Interval

FORMATION: J SANDStatus: TEMPORARILY ABANDONEDTreatment Date: 04/16/2011

Date of First Production this formation: _____

Perforations Top: 7520 Bottom: 7536 No. Holes: 64 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐"SLICKWATER" 90,920 LBS 30/50 SAND FRACTURE TREATMENT.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: SOLD Gas Type: WET BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

NOT ECONOMICALLY PRODUCTIVE.Date formation Abandoned: _____ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____Bridge Plug Depth: 7020 Sacks cement on top: _____FORMATION: NIOBRARAStatus: PRODUCINGTreatment Date: 10/22/2011Date of First Production this formation: 10/27/2011Perforations Top: 6917 Bottom: 6927 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐"SLICKWATER" 85,682 LBS 30/50 SAND FRACTURE TREATMENT.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 10/31/2011 Hours: 24 Bbls oil: 18 Mcf Gas: 52 Bbls H2O: 7Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 3Test Method: FLOWING Casing PSI: 850 Tubing PSI: _____ Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 44

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: 0

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 GRIMMETTETitle: MANAGERDate: 11/11/2011RCGRIMMETTE@GMAIL.COM

Email
:

Attachment Check List

Att Doc Num	Name
2286081	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)