

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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COMPLETED INTERVAL REPORT

Document Number:
2286081

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

5. API Number <u>05-123-31078-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HALL</u>	Well Number: <u>25-34</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>25</u> Township: <u>6N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>LAPOUDRE SOUTH</u> Field Code: <u>48130</u>	

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED

Treatment 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: NIOBRARA Status: PRODUCING

Treatment Date: 10/22/2011 Date of First Production this formation: 10/27/2011

Perforations 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: 7

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 3

Test Method: FLOWING Casing PSI: 850 Tubing PSI: _____ Choke Size: 14/64

Gas 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 GRIMMETTE

Title: MANAGER Date: 11/11/2011 RCGRIMMETTE@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)