

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:  
2286835  
Date Received:  
01/13/2012

**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: <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: PRODUCING

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: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 10/22/2011 Date of First Production this formation: 01/03/2012

Perforations Top: 6917 Bottom: 6927 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

"SLICK WATER" 85,682 LBS 30/50 SAND FRACTURE TREATMENT.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 01/06/2012 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 60 Mcf Gas: 124 Bbls H2O: 48 GOR: 2066

Test Method: PUMPING Casing PSI: 1500 Tubing PSI: 0 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1360 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7497 Tbg setting date: 12/19/2011 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: 1/9/2012 RCGRIMMETTE@GMAIL.COM

Email  
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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
2286835	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	The tubing pressure was recorded as "zero". per operator.	3/15/2012 2:32:29 PM
Permit	ON HOLD: requesting Tubing PSI.	3/13/2012 12:05:38 PM

Total: 2 comment(s)