

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: 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: PRODUCINGTreatment 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: NIOBRARAStatus: PRODUCINGTreatment Date: 10/22/2011Date of First Production this formation: 01/03/2012Perforations 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: 2066Test Method: PUMPING Casing PSI: 1500 Tubing PSI: 0 Choke Size: 28/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1360 API Gravity Oil: 44Tubing 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 GRIMMETTETitle: MANAGERDate: 1/9/2012RCGRIMMETTE@GMAIL.COM

Email  
:

### **Attachment Check List**

Att Doc Num	Name
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)