

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2237543

Date Received:

09/12/2012

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
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 05-123-31668-00
6. County: WELD
7. Well Name: Montera
Well Number: 10-43
8. Location: QtrQtr: NESE Section: 10 Township: 6N Range: 66W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 11/20/2010 End Date: Date of First Production this formation: 12/04/2010
Perforations Top: 7776 Bottom: 7840 No. Holes: 96 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

"SLICK WATER" 90,400 LBS 40/70 SAND FRACTURE TREATMENT.

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/04/2010 Hours: Bbl oil: Mcf Gas: 675 Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 0
Test Method: FLOWING Casing PSI: 1150 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: EXCESSIVE WATER PRODUCTION.

Date formation Abandoned: 12/20/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7370 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

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: 8/20/2012 Email RCGRIMMETTE@YAHOO.COM
:

Attachment Check List

Att Doc Num	Name
2113855	WIRELINER JOB SUMMARY
2237543	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received and attached Wireline Summary.	11/9/2012 10:01:36 AM
Permit	Requested Wireline Job Summary.	11/8/2012 8:39:33 AM

Total: 2 comment(s)