

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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 [X] 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

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### **Attachment Check List**

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

Total Attach: 2 Files

### **General Comments**

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