

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:
2556196

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 05-123-23762-00
6. County: WELD
7. Well Name: PRR Well Number: 32-14D
8. Location: QtrQtr: SESE Section: 31 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 05/04/2010 Date of First Production this formation: 05/11/2010

Perforations Top: 6903 Bottom: 7059 No. Holes: 84 Hole size: 42/100

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

91,555 LBS 30/50 SAND "SLICK WATER" TREATMENT. FOR 6903-6924 89,224 LBS. 30/50 SAND "SLICK WATER" TREATMENT FOR 7032-7053

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/11/2010 Hours: 8 Bbls oil: 57 Mcf Gas: 127 Bbls H2O: 41

Calculated 24 hour rate: Bbls oil: 171 Mcf Gas: 381 Bbls H2O: 123 GOR: 2

Test Method: FLOWING Casing PSI: 1450 Tubing PSI: 1000 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1200 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7559 Tbg setting date: 06/07/2010 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: AUTH AGENT Date: 6/21/2010 Email ROGRIMMETTE@YAHOO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 11/24/2010

Attachment Check List

Att Doc Num	Name
2556196	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	2 panels same formation	9/30/2010 10:18:37 AM

Total: 1 comment(s)