

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:

2556196

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 05-123-23762-00 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: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/04/2010</u>	Date of First Production this formation: <u>05/11/2010</u>
Perforations Top: <u>6903</u> Bottom: <u>7059</u>	No. Holes: <u>84</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>91,555 LBS 30/50 SAND "SLICK WATER" TREATMENT. FOR 6903-6924 89,224 LBS. 30/50 SAND "SLICK WATER" TREATMENT FOR 7032-7053</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>05/11/2010</u> Hours: <u>8</u> Bbls oil: <u>57</u> Mcf Gas: <u>127</u> Bbls H2O: <u>41</u>	
Calculated 24 hour rate: Bbls oil: <u>171</u> Mcf Gas: <u>381</u> Bbls H2O: <u>123</u> GOR: <u>2</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>1450</u> Tubing PSI: <u>1000</u> Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1200</u> API Gravity Oil: <u>59</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7559</u> Tbg setting date: <u>06/07/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: <u>0</u>	

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)