

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2584661

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 05-123-31346-00 6. County: WELD
7. Well Name: AG Well Number: 32-41
8. Location: QtrQtr: NENE Section: 32 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 07/28/2010 Date of First Production this formation: 07/31/2010
Perforations Top: 6830 Bottom: 7046 No. Holes: 184 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☐
NB perms 6830-6856, 104 holes @.41". "SLICK WATER" 90,580 LBS 30/50 SAND FRACTURE TREATMENT. CD perms 7026-7046, 80 holes @.41". Slickwater 90980 lbs 30/50 sand fractures treatment.
This formation is commingled with another formation: ☒ Yes ☐ No
Test Information:
Date: 08/03/2010 Hours: 6 Bbls oil: 34 Mcf Gas: 69 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 136 Mcf Gas: 276 Bbls H2O: 0 GOR: 2
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: 700 Choke Size: 17/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1200 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7013 Tbg setting date: 08/20/2010 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: _____

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: 10/13/2010 Email: RCGRIMMETTE@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: 1/26/2011

Attachment Check List

Att Doc Num	Name
2584661	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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