


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">1633444</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
<p>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.</p>							
1. OGCC Operator Number: <u>10154</u>		4. Contact Name: <u>ED ORR</u>					
2. Name of Operator: <u>ORR ENERGY LLC</u>		Phone: <u>(970) 351-8777</u>					
3. Address: <u>1813 61ST AVE STE 200</u>		Fax: <u>(970) 351-7851</u>					
City: <u>GREELEY</u>	State: <u>CO</u>	Zip: <u>80634</u>					
5. API Number <u>05-123-31661-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Montera</u>		Well Number: <u>10-34</u>					
8. Location: QtrQtr: <u>SWSE</u>	Section: <u>10</u>	Township: <u>6N</u>	Range: <u>66W</u> Meridian: <u>6</u>				
9. Field Name: <u>EATON</u>		Field Code: <u>19350</u>					
<u>Completed Interval</u>							
FORMATION: <u>CODELL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>01/18/2011</u>		Date of First Production this formation: _____					
Perforations Top: <u>7285</u>	Bottom: <u>7303</u>	No. Holes: <u>72</u>	Hole size: <u>41/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
"SLICK WATER" STIMULATION WITH 90,583 LBS OF 30/50 SAND.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>01/24/2011</u>	Hours: <u>5</u>	Bbls oil: <u>100</u>	Mcf Gas: <u>113</u> Bbls H2O: <u>43</u>				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1</u>				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1950</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>46</u>				
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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>					

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>01/18/2011</u>		Date of First Production this formation: _____		
Perforations	Top: <u>7100</u>	Bottom: <u>7124</u>	No. Holes: <u>96</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>"SLICK WATER" 88,419 LBS 30/50 SAND FRACTURE TREATMENT.</div>				
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>01/24/2011</u>	Hours: <u>5</u>	Bbls oil: <u>100</u>	Mcf Gas: <u>113</u>	Bbls H2O: <u>43</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____ GOR: <u>1</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1950</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>46</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div></div>				
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: MANAGER Date: 1/31/2011 Email RCGRIMMETTE@YAHOO.COM

### Attachment Check List

Att Doc Num	Name
1633444	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)