

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		<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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">1633444</div>				
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: <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>	

Completed Interval

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	
Test Information:	
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: NIOBRARA Status: PRODUCING

Treatment Date: 01/18/2011 Date of First Production this formation: _____

Perforations Top: 7100 Bottom: 7124 No. Holes: 96 Hole size: 41/100

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

"SLICK WATER" 88,419 LBS 30/50 SAND FRACTURE TREATMENT.

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/24/2011 Hours: 5 Bbls oil: 100 Mcf Gas: 113 Bbls H2O: 43

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 1

Test Method: FLOWING Casing PSI: 1950 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 46

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: 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)