

FORM
5Rev
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:

400170570

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-123-31668-00

6. County: WELD

7. Well Name: Montera

Well Number: 10-43

8. Location: QtrQtr: NESE Section: 10 Township: 6N Range: 66W Meridian: 6

Footage at surface: Distance: 2074 feet Direction: FSL Distance: 521 feet Direction: FEL

As Drilled Latitude: 40.501231 As Drilled Longitude: -104.755999

GPS Data:

Data of Measurement: 11/17/2010 PDOP Reading: 3.0 GPS Instrument Operator's Name: JAKE BELL

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: EATON

10. Field Number: 19350

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/04/2010 13. Date TD: 11/07/2010 14. Date Casing Set or D&A: 11/08/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7925 TVD 17 Plug Back Total Depth MD 7848 TVD

18. Elevations GR 4840 KB 4854

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

TRIPLE COMBO, GAMMA, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	0	0		0	0	0	0	0	
SURF	12+1/4	8+5/8		0	803	580	0	803	
1ST	7+7/8	4+1/2		0	7,896	610	2,650	7,848	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
GREELEY SAND	2,825		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,754		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,399		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,832		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,002		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,276		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,297		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,773		<input type="checkbox"/>	<input type="checkbox"/>	

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: 11/19/2010 Email: RLGRIMMETTE@YAHOO.COM

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)