IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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 **COMPLETED INTERVAL REPORT**	DE	ET	OE	ES	
		Document Number: 1633443				

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

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

7. Well Name: Montera

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

9. Field Name: EATON   Field Code: 19350

6. County: WELD

   Well Number: 10-43

Completed Interval

FORMATION: CODELL   Status: PRODUCING

Treatment Date: 01/20/2011   Date of First Production this formation:

Perforations   Top: 7296   Bottom: 7314   No. Holes: 72   Hole size: 41/100

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

"SLICK WATER"90,420 LBS 30/50 SAND FRACTURE TREATMENT.

This formation is commingled with another formation: ☒ Yes   ☐ No

Test Information:

Date: 01/29/2011   Hours: 6   Bbls oil: 70   Mcf Gas: 156   Bbls H2O: 30

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 2

Test Method: FLOWING   Casing PSI: 1200   Tubing PSI: Choke Size: 18/64

Gas Disposition: SOLD   Gas Type: WET   BTU Gas: 1   API Gravity Oil: 47

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: 7370   Sacks cement on top:

FORMATION: NIOBRARA   Status: PRODUCING

Treatment Date: 01/20/2011   Date of First Production this formation: 01/24/2011

Perforations   Top: 7127   Bottom: 7150   No. Holes: 92   Hole size: 41/100

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

"SLICK WATER" 90,800 LBS 30/50 SAND FRACTURE TREATMENT.

This formation is commingled with another formation: ☒ Yes   ☐ No

Test Information:

Date: 01/29/2011   Hours: 6   Bbls oil: 70   Mcf Gas: 156   Bbls H2O: 30

Calculated 24 hour rate: Bbls oil: _____   Mcf Gas: _____   Bbls H2O: _____   GOR: 2

Test Method: FLOWING   Casing PSI: 1200   Tubing PSI: _____   Choke Size: 18/64

Gas Disposition: SOLD   Gas Type: WET   BTU Gas: 1   API Gravity Oil: 47

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
1633443	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)