


<b>FORM</b> <b>5</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:  1633160	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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    05-123-31661-00 7. Well Name:    Montera 8. Location:    QtrQtr:    SWSE    Section:    10    Township:    6N    Range:    66W    Meridian:    6 Footage at surface:    Distance:    469    feet    Direction:    FSL    Distance:    2191    feet    Direction:    FEL As Drilled Latitude:    40.496897    As Drilled Longitude:    -104.762088		6. County:    WELD Well Number:    10-34					
GPS Data: Data of Measurement:    01/06/2011    PDOP Reading:    2.4    GPS Instrument Operator's Name:    DAVID METZLER							
** If directional footage at Top of Prod. Zone    Dist.:       feet. Direction:          Dist.:       feet. Direction: Sec:          Twp:          Rng: ** If directional footage at Bottom Hole    Dist.:       feet. Direction:          Dist.:       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)    12/19/2010    13. Date TD:    12/23/2010    14. Date Casing Set or D&A:    12/24/2010							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    7453    TVD**		17 Plug Back Total Depth    MD    7355    TVD**					
18. Elevations    GR    4834    KB    4850		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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING									
Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	807	580	0	807	CALC
1ST	7+7/8	4+1/2		0	7,370	685	2,675	7,355	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	2,835		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,768		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,498		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,907		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,979		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,265		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,288		<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: 1/24/2011 Email: RCGRIMMETTE@YAHOO.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072392	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
1633160	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REC CMT TKT	6/1/2011 7:35:09 AM
Permit	REQ CMT TKTS	5/31/2011 7:51:02 AM

Total: 2 comment(s)