

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



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COMPLETED INTERVAL REPORT

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 4. Contact Name: ED ORR
2. Name of Operator: ORR ENERGY LLC Phone: (970) 351-8777
3. Address: 1813 61ST AVE STE 200 Fax: (970) 351-7851
City: GREELEY State: CO Zip: 80634

5. API Number 05-123-31345-00 6. County: WELD
7. Well Name: AG Well Number: 32-32D
8. Location: QtrQtr: NENE Section: 32 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: Date of First Production this formation:
Perforations Top: 7351 Bottom: 7374 No. Holes: 86 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole:
"SLICK WATER" 87,558 LBS 30/50 SAND FRACTURE TREATMENT.
This formation is commingled with another formation: [X] Yes [] No
Test Information:
Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: [] Yes [X] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top: 0

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 04/02/2011 Date of First Production this formation: 04/18/2011

Perforations Top: 7158 Bottom: 7180 No. Holes: 88 Hole size: 41/100

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

"SLICK WATER" STIMULATION WITH 90,468# 30-50 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/18/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 122 Mcf Gas: 350 Bbls H2O: _____ GOR: 3

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: 1125 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7328 Tbg setting date: 04/15/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7250 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: 4/27/2011 Email RCGRIMMETTE@GMAIL.COM

Attachment Check List

Att Doc Num	Name
1636083	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

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