

**FORM
5**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



DE ET OE ES

Document Number:

1635498

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

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 05-123-31078-00

6. County: WELD

7. Well Name: HALL

Well Number: 25-34

8. Location: QtrQtr: SWSE Section: 25 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 716 feet Direction: FSL Distance: 1782 feet Direction: FEL

As Drilled Latitude: 40.452679 As Drilled Longitude: -104.838847

GPS Data:

Date of Measurement: 04/15/2011 PDOP Reading: 2.3 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: LAPOUDRE SOUTH

10. Field Number: 48130

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/27/2011 13. Date TD: 04/01/2011 14. Date Casing Set or D&A: 04/02/2011

15. Well Classification:

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

16. Total Depth MD 7728 TVD** 17 Plug Back Total Depth MD 7658 TVD**

18. Elevations GR 4727 KB 4743

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
SURF	12+1/4	8+5/8		0	800	580	0	800	CALC
1ST	7+7/8	4+1/2		0	7,672	860	3,540	7,644	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	
CODELL	0		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	0		<input type="checkbox"/>	<input type="checkbox"/>	
GREELEY SAND	2,352		<input type="checkbox"/>	<input type="checkbox"/>	GREELEY SS NOT OFFERED FOR DATA ENTRY.
SUSSEX	4,122		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,550		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,779		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS:
J SILT: MEASURED DEPTH: 7502; J SANDSTONE: MEASURED DEPTH: 7522.

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: 4/19/2011 Email: RCGRIMMETTE@GMAIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1635499	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>					
1635498	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REQ'D LAS OF COMBO LOG FROM ED ORR	7/29/2011 3:01:08 PM

Total: 1 comment(s)