

**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:

2588384

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 05-123-33420-00

6. County: WELD

7. Well Name: Hall

Well Number: 19-31

8. Location: QtrQtr: NWNE Section: 19 Township: 6N Range: 67W Meridian: 6

Footage at surface: Distance: 772 feet Direction: FNL Distance: 2027 feet Direction: FEL

As Drilled Latitude: 40.477228 As Drilled Longitude: -104.933724

GPS Data:

Date of Measurement: 08/08/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: CHRIS BOUB

** 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/18/2011 13. Date TD: 07/29/2011 14. Date Casing Set or D&A: 07/30/2011

15. Well Classification:

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

16. Total Depth MD 7653 TVD** 17 Plug Back Total Depth MD 7599 TVD**

18. Elevations GR 4789 KB 4801

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:

HIGH RESOLUTION INDUCTION, DENSITY, NEUTRON, 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	20	14		0	42	28	0	42	CALC
SURF	12+1/4	8+5/8		0	612	450	0	612	CALC
1ST	7+7/8	4+1/2		0	7,653	800	2,490	7,599	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	2,152		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,386		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,732		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,052		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,494		<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: 8/23/2011

Email: RCGRIMMETTE@GMAIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2588385	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>					
2588384	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)