

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2288110

Date Received:

04/02/2012

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
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 05-123-33420-00
6. County: WELD
7. Well Name: Hall
Well Number: 19-31
8. Location: QtrQtr: NWNE Section: 19 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 03/13/2012 End Date: Date of First Production this formation: 03/24/2012
Perforations Top: 7051 Bottom: 7071 No. Holes: 80 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

"SLICKWATER" 90,000 LBS 30/50 SAND FRACTURE TREATMENT.

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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: ** Wireline and Cement Job Summary must be attached.

FORMATION: J-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: 03/13/2012 End Date: _____ Date of First Production this formation: 03/24/2012

Perforations Top: 7051 Bottom: 7502 No. Holes: 80 Hole size: 41/100

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

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/24/2012 Hours: 6 Bbl oil: 37 Mcf Gas: 16 Bbl H2O: 24

Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 64 Bbl H2O: 96 GOR: 43

Test Method: FLOWING Casing PSI: 425 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1 API Gravity Oil: 42

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 ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: PRODUCING Treatment Type: _____
Treatment Date: 03/13/2012 End Date: _____ Date of First Production this formation: _____
Perforations Top: 7492 Bottom: 7502 No. Holes: 40 Hole size: 41/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

"slick water" 90,060 lbs. 30/50 sand fracture treatment.

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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 ☒ No If yes, number of sacks cmt _____
** Bridge Plug Depth: 7110 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

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: 3/29/2012 Email: RCGRIMMETTE@GMAIL.COM

Attachment Check List

Att Doc Num	Name
2288110	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off Hold. Per operator added J sand-Codell test window. Formations were tested together.	3/3/2012 6:28:50 AM
Permit	On Hold. Requested clarification on formation status.	7/30/2012 2:16:12 PM
Data Entry	CHECK J SAND FORMATION NAME.	5/8/2012 1:16:58 PM

Total: 3 comment(s)