

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



Table with 4 columns: DE, ET, OE, ES

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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 05-123-31662-00 6. County: WELD
7. Well Name: Montera Well Number: 10-33
8. Location: QtrQtr: NWSE Section: 10 Township: 6N Range: 66W Meridian: 6
9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 11/18/2010 Date of First Production this formation:
Perforations Top: 7312 Bottom: 7332 No. Holes: 80 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole:
"SLICK WATER" STIMULATION WITH 90180 LBS OF 40/70 SAND.

This formation is commingled with another formation: [X] Yes [] No

Test Information:

Date: 12/02/2010 Hours: 1 Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: 126 Mcf Gas: 87 Bbls H2O: 15 GOR: 1
Test Method: flowing Casing PSI: 1050 Tubing PSI: Choke Size: 15/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7300 Tbg setting date: 12/22/2010 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/18/2010 Date of First Production this formation: 12/02/2010

Perforations Top: 7130 Bottom: 7148 No. Holes: 72 Hole size: 41/100

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

"SLICK WATER" 90160 LBS 40/70 SAND FRACTURE TREATMENT

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/02/2010 Hours: 1 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: 126 Mcf Gas: 87 Bbls H2O: 15 GOR: 1

Test Method: FLOWING Casing PSI: 1050 Tubing PSI: _____ Choke Size: 15/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7300 Tbg setting date: 12/22/2010 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

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: 1/4/2011 Email RCGRIMMETTE@YAHOO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)