

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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Document Number:

400083329

**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: 10276 4. Contact Name: Moe Felman  
2. Name of Operator: PINE RIDGE OIL & GAS LLC Phone: (303) 226-1300  
3. Address: 600 17TH ST STE 800S Fax: (303) 226-1301  
City: DENVER State: CO Zip: 80202

5. API Number 05-043-06189-00 6. County: FREMONT  
7. Well Name: APACHE-GOLD Well Number: 34-20R  
8. Location: QtrQtr: SWSE Section: 20 Township: 19S Range: 69W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>PIERRE</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>06/02/2010</u>
Perforations Top: <u>0</u> Bottom: <u>3728</u>	No. Holes: <u>0</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
No treatment performed. Producing through pre-perforated 5 1/2 Casing 4 ea 1/2" holes per foot, 90 deg. phasing. Pre-perforated casing from 2137' to 3147'. External casing packer set at 3147'.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3129</u>	Tbg setting date: <u>05/28/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Moe Felman  
Title: Drilling Manager Date: 10/1/2010 Email: moe.felman@cometridgeresources.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 11/10/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
400083329	FORM 5A SUBMITTED	LF @ 2588789 400083329
400096996	WELLBORE DIAGRAM	LF @ 2588790 400096996

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	PER M.F. @COMMETRIDGE NO TESTING WAS DONE ON THIS WELL	11/10/2010 12:45:35 PM
Permit	requested test info	11/4/2010 8:08:44 AM
Industry	The correct well name and API number on this form should be Apache-Gold 34-20R (well name) and the correct API number is 05-043-06189.	10/1/2010 2:37:57 PM

Total: 3 comment(s)