

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400083329

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: PIERRE Status: PRODUCING  
 Treatment Date: \_\_\_\_\_ Date of First Production this formation: 06/02/2010  
 Perforations Top: 0 Bottom: 3728 No. Holes: 0 Hole size: 0  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 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:  Yes  No  
**Test Information:**  
 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: 2 + 7/8 Tubing Setting Depth: 3129 Tbg setting date: 05/28/2010 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: \_\_\_\_\_

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

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u>       |
|-------------------|--|---------------------------|
| Permit            | PER M.F. @COMMETRIDGE NO TESTING WAS DONE ON THIS WELL   | 11/10/2010<br>12:45:35 PM |
| Permit            | requested test info  | 11/4/2010<br>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<br>2:37:57 PM   |

Total: 3 comment(s)