

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:

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

5. API Number 05-043-06190-00  
6. County: FREMONT  
7. Well Name: Lake  
Well Number: 34-29  
8. Location: QtrQtr: SWSE Section: 29 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: 07/15/2010  
Perforations Top: 0 Bottom: 0 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" per foot) 90 deg phasing. Pre-perforated casing from 2490' to 3600'. External casing packer set at 2490'

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: 3570 Tbg setting date: 07/08/2010 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: \_\_\_\_\_

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: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name	Doc Description
400108232	WELLBORE DIAGRAM	Lake 34-29_Well Schematic_Ver 1.0_07-05-10 (COGCC).pdf

Total Attach: 1 Files