

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

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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