

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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 05-043-06194-00
6. County: FREMONT
7. Well Name: Woolly Bugger
Well Number: 34-20
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: 07/30/2010
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 with 4 ea 1/2" holes per foot, 90 deg. phasing. Pre-perforated casing from 2650' to 3830' MD. External casing packer set at 2635.

This formation is commingled with another formation: [ ] Yes [X] 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: 3807 Tbg setting date: 07/20/2010 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
400108282	WELLBORE DIAGRAM	Woolly Bugger 34-20_Well Schematic_Ver 1.0_07-13-10.pdf

Total Attach: 1 Files