

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:

400085643

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 05-043-06194-00 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: <u>PIERRE</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>07/30/2010</u>
Perforations Top: <u>0</u> Bottom: <u>0</u>	No. Holes: <u>0</u> Hole size: <u>0</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<div>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.</div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>2 + 7/8</u>	Tubing Setting Depth: <u>3807</u> Tbg setting date: <u>07/20/2010</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: _____

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
400108282	WELLBORE DIAGRAM	Woolly Bugger 34-20_Well Schematic_Ver 1.0_07-13-10.pdf

Total Attach: 1 Files