


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">400084813</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>10276</u> 2. Name of Operator: <u>PINE RIDGE OIL & GAS LLC</u> 3. Address: <u>600 17TH ST STE 800S</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		4. Contact Name: <u>Moe Felman</u> Phone: <u>(303) 226-1300</u> Fax: <u>(303) 226-1301</u>					
5. API Number <u>05-043-06183-00</u> 7. Well Name: <u>LIBERTY</u> 8. Location: QtrQtr: <u>SWNE</u> Section: <u>32</u> Township: <u>19S</u> 9. Field Name: <u>FLORENCE-CANON CITY</u> Field Code: <u>24600</u>		6. County: <u>FREMONT</u> Well Number: <u>32-32</u> Range: <u>69W</u> Meridian: <u>6</u>					
<u>Completed Interval</u>							
FORMATION: <u>PIERRE</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>06/19/2010</u>		Date of First Production this formation: <u>06/19/2010</u>					
Perforations Top: <u>3587</u> Bottom: <u>5314</u>		No. Holes: <u>0</u> Hole size: <u>0</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>					
No treatment performed. Producing through pre-perforated 4 1/2" casing 4 ea 1/2" holes per foot, 90 deg phasing. Pre-perforated casing from 3587' to 4740' MD and 4875' to 5314' MD.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>06/16/2010</u> Hours: <u>24</u>		Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>					
Calculated 24 hour rate:		Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>					
Test Method: <u>flowing</u>		Casing PSI: _____ Tubing PSI: _____ Choke Size: _____					
Gas Disposition: _____		Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>33</u>					
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>3451</u>		Tbg setting date: <u>06/16/2010</u> Packer Depth: _____					
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							

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: 10/11/2010 Email moe.felman@cometridgeresources.com
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Attachment Check List

Att Doc Num	Name
400084813	FORM 5A SUBMITTED
400099563	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PER MOE fELDMAN @COMET RIDGE - THEY DO NOT TEST THE WELLS	3/23/2011 7:40:56 AM
Permit	req test info	3/22/2011 10:58:39 AM

Total: 2 comment(s)