


|  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
|--|--|---|---|---------------------------------------|--------------------------------------|--|------------------------------|---|----------------------------|--|--|
| <b>FORM<br/>5A</b><br><br>Rev<br>02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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><br>Document Number:<br><br><div style="text-align: center; font-weight: bold;">400085441</div> | DE                                    | ET                                   | OE   | ES                           |   |                            |  |  |
| DE   | ET   | OE  | ES  |                                       |                                      |  |                              |   |                            |  |  |
| <b>COMPLETED INTERVAL REPORT</b>   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| 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.  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>10276</u></td> <td style="width: 50%;">4. Contact Name: <u>Moe Felman</u></td> </tr> <tr> <td>2. Name of Operator: <u>PINE RIDGE OIL &amp; GAS LLC</u></td> <td>Phone: <u>(303) 226-1300</u></td> </tr> <tr> <td>3. Address: <u>600 17TH ST STE 800S</u></td> <td>Fax: <u>(303) 226-1301</u></td> </tr> <tr> <td>City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u></td> <td></td> </tr> </table>              |  |   |   | 1. OGCC Operator Number: <u>10276</u> | 4. Contact Name: <u>Moe Felman</u>   | 2. Name of Operator: <u>PINE RIDGE OIL &amp; GAS LLC</u> | Phone: <u>(303) 226-1300</u> | 3. Address: <u>600 17TH ST STE 800S</u>   | Fax: <u>(303) 226-1301</u> | City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>             |  |
| 1. OGCC Operator Number: <u>10276</u>  | 4. Contact Name: <u>Moe Felman</u>   |   |   |                                       |                                      |  |                              |   |                            |  |  |
| 2. Name of Operator: <u>PINE RIDGE OIL &amp; GAS LLC</u>   | Phone: <u>(303) 226-1300</u>   |   |   |                                       |                                      |  |                              |   |                            |  |  |
| 3. Address: <u>600 17TH ST STE 800S</u>  | Fax: <u>(303) 226-1301</u>   |   |   |                                       |                                      |  |                              |   |                            |  |  |
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| <table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-043-06182-00</u></td> <td style="width: 50%;">6. County: <u>FREMONT</u></td> </tr> <tr> <td>7. Well Name: <u>PATTI</u></td> <td>Well Number: <u>32-29</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SWNE</u> Section: <u>29</u> Township: <u>19S</u> Range: <u>69W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>FLORENCE-CANON CITY</u> Field Code: <u>24600</u></td> <td></td> </tr> </table> |  |   |   | 5. API Number <u>05-043-06182-00</u>  | 6. County: <u>FREMONT</u>            | 7. Well Name: <u>PATTI</u>                               | Well Number: <u>32-29</u>    | 8. Location: QtrQtr: <u>SWNE</u> Section: <u>29</u> Township: <u>19S</u> Range: <u>69W</u> Meridian: <u>6</u> |                            | 9. Field Name: <u>FLORENCE-CANON CITY</u> Field Code: <u>24600</u> |  |
| 5. API Number <u>05-043-06182-00</u>   | 6. County: <u>FREMONT</u>  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| 7. Well Name: <u>PATTI</u>   | Well Number: <u>32-29</u>  |   |   |                                       |                                      |  |                              |   |                            |  |  |
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| 9. Field Name: <u>FLORENCE-CANON CITY</u> Field Code: <u>24600</u>   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| <u>Completed Interval</u>  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>NIOBRARA</u></td> <td style="width: 40%;">Status: <u>PLUGGED AND ABANDONED</u></td> </tr> </table>   |  |   |   | FORMATION: <u>NIOBRARA</u>            | Status: <u>PLUGGED AND ABANDONED</u> |  |                              |   |                            |  |  |
| FORMATION: <u>NIOBRARA</u>   | Status: <u>PLUGGED AND ABANDONED</u>   |   |   |                                       |                                      |  |                              |   |                            |  |  |
| Treatment Date: <u>07/21/2010</u> Date of First Production this formation: _____   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| Perforations Top: <u>3798</u> Bottom: <u>3967</u> No. Holes: <u>0</u> Hole size: _____   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| <div style="border: 1px solid black; padding: 2px;">No stimulation/treatment conducted.</div>  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| <b>Test Information:</b>   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| 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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| Reason for Non-Production:   |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| <div style="border: 1px solid black; padding: 2px;">Not productive. Set 43 sks cement plug from 3,798' to 3,967' MD. Tagged cement plug. Intermediate casing at 3,870'.</div>  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| Date formation Abandoned: <u>07/01/2010</u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |
| Bridge Plug Depth: _____ Sacks cement on top: _____  |  |   |   |                                       |                                      |  |                              |   |                            |  |  |

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

|   |                                   |   |                                     |                            |               |
|---|-----------------------------------|---|-------------------------------------|----------------------------|---------------|
| FORMATION: <u>PIERRE</u>  |                                   | Status: <u>PRODUCING</u>  |                                     |                            |               |
| Treatment Date: <u>07/13/2010</u>   |                                   | Date of First Production this formation: <u>07/21/2010</u>        |                                     |                            |               |
| Perforations  | Top: <u>2839</u>                  | Bottom: <u>3380</u>   | No. Holes: <u>146</u>               | Hole size: <u>3 + 1/8</u>  |               |
| Provide a brief summary of the formation treatment:   |                                   | Open Hole: <input type="checkbox"/>                               |                                     |                            |               |
| Initial perforations from 3,512' to 3,552', no fluid entry detected. Acidized with 500 gal 7.5% HCL, 600 gal 6% HCL / 1.5% HF followed by 3 bbls 3% Amm. Cl. and displaced with 9 bbls Amm. Cl. Set CIBP at 3,500' and perforated 2,839' to 3,380'. |                                   |   |                                     |                            |               |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   |   |                                     |                            |               |
| <b>Test Information:</b>  |                                   |   |                                     |                            |               |
| Date: <u>07/16/2010</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: <u></u>   | Tubing PSI: <u></u>                 | Choke Size: <u></u>        |               |
| Gas Disposition: <u></u>  |                                   | Gas Type: <u></u>   | BTU Gas: <u>0</u>                   | API Gravity Oil: <u>31</u> |               |
| Tubing Size: <u>2 + 7/8</u>   | Tubing Setting Depth: <u>3380</u> | Tbg setting date: <u>07/16/2010</u>                               | Packer Depth: <u></u>               |                            |               |
| Reason for Non-Production:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |                                   |   |                                     |                            |               |
| Date formation Abandoned: <u></u>   |                                   | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u></u> |                            |               |
| Bridge Plug Depth: <u></u>  |                                   | Sacks cement on top: <u></u>                                      |                                     |                            |               |

|   |
|---|
| Comment:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
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|  |   |
|--|---|
| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. |   |
| Signed: <u></u>  | Print Name: <u>Moe Felman</u>   |
| Title: <u>Drilling Manager</u>   | Date: <u>11/11/2010</u> Email <u>moe.felman@cometridgeresources.com</u> |

### Attachment Check List

| Att Doc Num | Name               |
|-------------|--------------------|
| 400085441   | FORM 5A SUBMITTED  |
| 400108150   | WELLBORE DIAGRAM   |
| 400108151   | CEMENT JOB SUMMARY |

Total Attach: 3 Files

### General Comments

| User Group | Comment  | Comment Date          |
|------------|--|-----------------------|
| Permit     | PER MOE FLEDMAN@COMET RIDGE - THEY DO NOT TEST THE WELLS | 3/23/2011 7:44:42 AM  |
| Permit     | req test info  | 3/22/2011 11:15:49 AM |

Total: 2 comment(s)