

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 with 4 columns: DE, ET, OE, ES

Document Number: 400085441

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 05-043-06182-00 6. County: FREMONT
7. Well Name: PATTI Well Number: 32-29
8. Location: QtrQtr: SWNE Section: 29 Township: 19S Range: 69W Meridian: 6
9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: NIOBRARA Status: PLUGGED AND ABANDONED

Treatment Date: 07/21/2010 Date of First Production this formation:

Perforations Top: 3798 Bottom: 3967 No. Holes: 0 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

No stimulation/treatment conducted.

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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Not productive. Set 43 sks cement plug from 3,798' to 3,967' MD. Tagged cement plug. Intermediate casing at 3,870'.

Date formation Abandoned: 07/01/2010 Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

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

FORMATION: PIERRE Status: PRODUCING

Treatment Date: 07/13/2010 Date of First Production this formation: 07/21/2010

Perforations Top: 2839 Bottom: 3380 No. Holes: 146 Hole size: 3 + 1/8

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:  Yes  No

**Test Information:**

Date: 07/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: 0 API Gravity Oil: 31

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3380 Tbg setting date: 07/16/2010 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: 11/11/2010 Email moe.felman@cometridgeresources.com

### **Attachment Check List**

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

Total Attach: 3 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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)