

FORM  
5  
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



DE	ET	OE	ES
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Document Number:

400084805

### DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-043-06183-00 6. County: FREMONT  
7. Well Name: LIBERTY Well Number: 32-32  
8. Location: QtrQtr: SWNE Section: 32 Township: 19S Range: 69W Meridian: 6  
Footage at surface: Distance: 2244 feet Direction: FNL Distance: 1937 feet Direction: FEL  
As Drilled Latitude: 38.353340 As Drilled Longitude: -105.132427

GPS Data:

Data of Measurement: 08/10/2010 PDOP Reading: 1.7 GPS Instrument Operator's Name: Chris Pearson

\*\* If directional footage at Top of Prod. Zone Dist.: 2234 feet. Direction: FSL Dist.: 1287 feet. Direction: FEL

Sec: 32 Twp: 19S Rng: 69W

\*\* If directional footage at Bottom Hole Dist.: 978 feet. Direction: FSL Dist.: 126 feet. Direction: FEL

Sec: 32 Twp: 19S Rng: 69W

9. Field Name: FLORENCE-CANON CITY 10. Field Number: 24600

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 06/05/2010 13. Date TD: 06/12/2010 14. Date Casing Set or D&A: 06/13/2010

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5314 TVD\*\* 3073 17 Plug Back Total Depth MD 5314 TVD\*\* 3073

18. Elevations GR 5424 KB 5435

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Gamma Ray

20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16		0	66	39	0	66	VISU
SURF	12+1/4	9+5/8	32.3	0	675	335	0	675	VISU
1ST	8+3/4	7	23	0	3,600	167	2,600	3,600	CALC
2ND	6+1/2	4+1/2	11.6	3490	5,314				CALC

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	0	5,314	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Production liner was not cemented. Pre-perforated production liner was ran in the hole.

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

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400099552	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072215	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400084805	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400085433	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REC D/S PROFILE	3/23/2011 7:40:02 AM
Permit	req D/S profile & hard copy GR log	3/22/2011 10:29:05 AM

Total: 2 comment(s)