

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400085541</div>				

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>	

5. API Number <u>05-043-06190-00</u>	6. County: <u>FREMONT</u>
7. Well Name: <u>Lake</u>	Well Number: <u>34-29</u>
8. Location: QtrQtr: <u>SWSE</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>	

**Completed Interval**

FORMATION: <u>PIERRE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/15/2010</u>	Date of First Production this formation: <u>07/15/2010</u>
Perforations Top: <u>2490</u> Bottom: <u>3600</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 5 1/2" casing (4 ea 1/2" per foot) 90 deg phasing. Pre-perforated casing from 2490' to 3600'. External casing packer set at 2490'	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>07/08/2010</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>3570</u>	Tbg setting date: <u>07/08/2010</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:
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**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: 11/12/2010 Email moe.felman@cometridgeresources.com  
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### **Attachment Check List**

Att Doc Num	Name
400085541	FORM 5A SUBMITTED
400108232	WELLBORE DIAGRAM

Total Attach: 2 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 7:49:35 AM
Permit	req test info	3/22/2011 11:28:52 AM

Total: 2 comment(s)