


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="text-align: center; font-weight: bold;">400085541</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>10276</u>		4. Contact Name: <u>Moe Felman</u>					
2. Name of Operator: <u>PINE RIDGE OIL & 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							
Test Information:							
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%; margin-top: 5px;"></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%; margin-top: 5px;"></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: 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

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