


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		<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: 400085612	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 10276 2. Name of Operator: PINE RIDGE OIL & GAS LLC 3. Address: 600 17TH ST STE 800S City: DENVER State: CO Zip: 80202		4. Contact Name: Moe Felman Phone: (303) 226-1300 Fax: (303) 226-1301					
5. API Number 05-043-06194-00 7. Well Name: Woolly Bugger 8. Location: QtrQtr: SWSE Section: 20 Township: 19S Range: 69W Meridian: 6 Footage at surface: Distance: 941 feet Direction: FSL Distance: 2010 feet Direction: FEL As Drilled Latitude: 38.376641 As Drilled Longitude: -105.132744		6. County: FREMONT Well Number: 34-20					
GPS Data: Data of Measurement: 08/10/2010 PDOP Reading: 1.6 GPS Instrument Operator's Name: Chris Pearson							
** If directional footage at Top of Prod. Zone Dist.: 2027 feet. Direction: FSL Dist.: 2343 feet. Direction: FEL Sec: 20 Twp: 19S Rng: 69W							
** If directional footage at Bottom Hole Dist.: 2027 feet. Direction: FSL Dist.: 2343 feet. Direction: FEL Sec: 20 Twp: 19S Rng: 69W							
9. Field Name: FLORENCE-CANON CITY		10. Field Number: 24600					
11. Federal, Indian or State Lease Number: N/A							
12. Spud Date: (when the 1st bit hit the dirt) 07/02/2010 13. Date TD: 07/08/2010 14. Date Casing Set or D&A: 07/08/2010							
15. Well Classification: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 3830 TVD** 3388		17 Plug Back Total Depth MD 3830 TVD** 3388					
18. Elevations GR 5370 KB 5381		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:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	71	45		71	VISU
SURF	12+1/4	8+5/8	24	0	693	518		693	VISU
1ST	7+7/8	5+1/5	15.5	0	3,830				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	3,830	<input type="checkbox"/>	<input type="checkbox"/>	

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: 11/12/2010 Email: moe.felman@cometridgeresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400108280	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2072218	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>					
400085612	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400085623	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC D/S PROFILE	3/23/2011 7:51:21 AM
Permit	req D/S profile	3/22/2011 11:35:48 AM
Engineer	Cement ticket #40008280 indicates 518 sx.	2/23/2011 1:57:50 PM
Permit	Rec MWD Gamma Ray log, doc#1290844	11/15/2010 12:14:57 PM

Total: 4 comment(s)