

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

DRILLING COMPLETION REPORT

Document Number:
400133309

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: Jill Lazatin
2. Name of Operator: PINE RIDGE OIL & GAS LLC Phone: (303) 226-1316
3. Address: 600 17TH ST STE 800S Fax: (303) 226-1301
City: DENVER State: CO Zip: 80202

5. API Number 05-041-06063-00 6. County: EL PASO
7. Well Name: NAOS STATE Well Number: 32-4
8. Location: QtrQtr: SWNE Section: 4 Township: 16S Range: 64W Meridian: 6
Footage at surface: Distance: 2353 feet Direction: FNL Distance: 2120 feet Direction: FEL
As Drilled Latitude: 38.687496 As Drilled Longitude: -105.558937

GPS Data:

Data of Measurement: 01/28/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Steven Parker

** If directional footage at Top of Prod. Zone Dist.: 2353 feet. Direction: FNL Dist.: 2120 feet. Direction: FEL
Sec: 4 Twp: 16 Rng: 64

** If directional footage at Bottom Hole Dist.: 2124 feet. Direction: FNL Dist.: 2139 feet. Direction: FEL
Sec: 4 Twp: 16 Rng: 64

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 9893.9

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

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4630 TVD** 4609 17 Plug Back Total Depth MD 4630 TVD** 4609

18. Elevations GR 5759 KB 5770

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:

Triple Combo

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	55	0	149	100	0	149	
SURF	12+1/4	8+5/8	22	0	484	200	0	484	
1ST LINER	7+7/8	5+1/2	15.5 ppf	0	4,517				

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	40	3,243	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Analysis pending
NIOBRARA	4,127	4,564	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Analysis pending

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jill Lazatin

Title: Engineering Technician Date: _____ Email: jill.lazatin@cometridgeresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400146011	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"/>
400145771	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400134043	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400134048	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)