

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



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Document Number:

400168662

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: 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: Paul Gottlob
Phone: (303) 226-1316
Fax: (303) 226-1301

5. API Number 05-043-06201-00
6. County: FREMONT
7. Well Name: MACKINAW
Well Number: 12-28
8. Location: QtrQtr: SWNW Section: 28 Township: 19S Range: 69W Meridian: 6
9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: PIERRE	Status: PRODUCING
Treatment Date:	Date of First Production this formation: 04/20/2011
Perforations Top: 2548 Bottom: 3383	No. Holes: 0 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
We did not perforate or do a completion treatment on this well. The Production Liner is pre perforated 4-1/2", 11.6 ppf, J-55, LT&C.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:	
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:	
Test Method: Casing PSI: Tubing PSI: Choke Size:	
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:	
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3382 Tbg setting date: 04/19/2011 Packer Depth:	
Reason for Non-Production:	
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:

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

Signed: Print Name: Paul Gottlob

Title: Sr. Engineering Tech. Date: Email paul.gottlob@cometridgeresources.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400206254	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)