

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:

400168679

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 05-043-06203-00
6. County: FREMONT
7. Well Name: Triggerfish
Well Number: 22-31
8. Location: QtrQtr: SENW Section: 31 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: 05/13/2011
Perforations Top: 3641 Bottom: 4395	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.	
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:	GOR:
Calculated 24 hour rate:	Bbls oil:
Mcf Gas:	Bbls H2O:
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: 4285
Tbg setting date: 05/07/2011	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
400206411	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)