

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:

400168689

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 05-043-06188-00
6. County: FREMONT
7. Well Name: Buck Garrett
Well Number: 12-9
8. Location: QtrQtr: SWNW Section: 9 Township: 19S Range: 69W Meridian: 6
9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: <u>PIERRE</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: <u>05/20/2011</u>
Perforations Top: <u>3249</u> Bottom: <u>4827</u>	No. Holes: <u>0</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>We do not perforate our wells. Perforated 4 1/2", 11.6ppf, J-55 casing was set from 3249'-4827'MD.</u>	
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: <u>2 + 7/8</u> Tubing Setting Depth: <u>3068</u>	Tbg setting date: <u>05/16/2011</u> 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: 9/16/2011 Email: paul.gottlob@cometridgeresources.com

Attachment Check List

Att Doc Num	Name
400168689	FORM 5A SUBMITTED
400206170	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PER P.G. @PINERIDGE THERE WAS NO TESTING DONE ON THIS WELL, THEY DO NOT TEST ANY OF THEIR WELLS	10/27/2011 9:13:21 AM
Permit	req test info	10/24/2011 10:09:57 AM

Total: 2 comment(s)