

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 4. Contact Name: Paul Gottlob
 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 05-043-06188-00 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: PIERRE Status: PRODUCING

Treatment Date: _____ Date of First Production this formation: 05/20/2011

Perforations Top: 3249 Bottom: 4827 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

We do not perforate our wells. Perforated 4 1/2", 11.6ppf, J-55 casing was set from 3249'-4827'MD.

This formation is commingled with another formation: Yes 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: 3068 Tbg setting date: 05/16/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes 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)