

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400168679

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:
We did not perforate or do a completion treatment on this well.
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: 4285 Tbg setting date: 05/07/2011 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: 9/19/2011 Email paul.gottlob@cometridgeresources.com

Attachment Check List

Att Doc Num	Name
400168679	COMPLETED INTERVAL REPORT
400206411	WELLBORE DIAGRAM
400217397	FORM 5A SUBMITTED

Total Attach: 3 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 10:09:25 AM

Total: 1 comment(s)