

FORM
5

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400221700

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-043-06212-00 6. County: FREMONT
 7. Well Name: Swordfish Well Number: 13-31
 8. Location: QtrQtr: Lot 2 Section: 31 Township: 19S Range: 69W Meridian: 6
 Footage at surface: Distance: 1701 feet Direction: FSL Distance: 817 feet Direction: FWL
 As Drilled Latitude: 38.349701 As Drilled Longitude: -105.159669

GPS Data:
Data of Measurement: 10/24/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Chris Pearson

** If directional footage at Top of Prod. Zone Dist.: 1371 feet. Direction: FSL Dist.: 1089 feet. Direction: FWL
Sec: 31 Twp: 19S Rng: 69W

** If directional footage at Bottom Hole Dist.: 637 feet. Direction: FSL Dist.: 1922 feet. Direction: FWL
Sec: 31 Twp: 19S Rng: 69W

9. Field Name: FLORENCE-CANON CITY 10. Field Number: 24600
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/19/2011 13. Date TD: 11/02/2011 14. Date Casing Set or D&A: _____

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4787 TVD** 3682 17 Plug Back Total Depth MD 0 TVD** 0

18. Elevations GR 5653 KB 5664 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24+0/0	20+1/4	24	0	36	12	0	36	CALC
SURF	12+1/4	9+5/8	32.3	0	591	375	0	591	CALC
1ST	8+3/4	5+1/2	15.5	0	4,787				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	0	4,787	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Production casing was not cemented, therefore there is no PBTD.

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: 11/8/2011 Email: paul.gottlob@cometridgeresources.com

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)