

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:

400222047

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 05-043-06212-00  
6. County: FREMONT  
7. Well Name: Swordfish  
Well Number: 13-31  
8. Location: QtrQtr: Lot 2 Section: 31 Township: 19S Range: 69W Meridian: 6  
9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: PIERRE Status: PRODUCING  
Treatment Date: Date of First Production this formation: 11/08/2011  
Perforations Top: 3647 Bottom: 4745 No. Holes: 4392 Hole size: 1/2  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Production Casing is Pre-Perfed 5-1/2", 15.5 ppf, J-55, R3, LTC, w/ 1/2" holes, 4 spf, 90 degree phasing.  
We do not test these wells - just complete and put to production.  
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: 3864 Tbg setting date: 11/06/2011 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: 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
400222062	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)