

FORM  
5Rev  
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

Document Number:

400160447

## DRILLING COMPLETION REPORT

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 &amp; 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 05-043-06203-00

6. County: FREMONT

7. Well Name: Triggerfish

Well Number: 22-31

8. Location: QtrQtr: SENW Section: 31 Township: 19S Range: 69W Meridian: 6

Footage at surface: Distance: 1947 feet Direction: FNL Distance: 1867 feet Direction: FWL

As Drilled Latitude: 38.354135 As Drilled Longitude: -105.155972

## GPS Data:

Data of Measurement: 05/06/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: Chris Pearson

\*\* If directional footage at Top of Prod. Zone Dist.: 2289 feet. Direction: FNL Dist.: 2238 feet. Direction: FWL

Sec: 31 Twp: 19S Rng: 69W

\*\* If directional footage at Bottom Hole Dist.: 2587 feet. Direction: FSL Dist.: 2582 feet. Direction: FEL

Sec: 31 Twp: 19S Rng: 69W

9. Field Name: FLORENCE-CANON CITY

10. Field Number: 24600

11. Federal, Indian or State Lease Number: None

12. Spud Date: (when the 1st bit hit the dirt) 04/01/2011 13. Date TD: 04/30/2011 14. Date Casing Set or D&amp;A: 05/01/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 4430 TVD\*\* 4045 17 Plug Back Total Depth MD 4395 TVD\*\* 4020

18. Elevations GR 5597 KB 5608

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:

Caliper Log

## 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	16	1/4	0	236	31	0	236	
SURF	12+1/4	8+5/8	24	0	673	250	0	673	
1ST	7+7/8	5+1/2	11.6	0	4,395				

**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	3,542	4,428	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Conductor cement is calculated in cubic yards.

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	Document Name	attached ?			
<u>Attachment Checklist</u>					
400173170	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400171392	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400160447	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400173108	LAS-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400206374	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	rec caliper log doc#1672197	12/1/2011 10:31:32 AM
Permit	req hard copy of caliper log	10/24/2011 8:21:30 AM

Total: 2 comment(s)