

FORM
5

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400471019

Date Received:

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 & 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 05-073-06540-00 6. County: LINCOLN
7. Well Name: Surprise Well Number: 12-54-36-6
8. Location: QtrQtr: SENW Section: 36 Township: 12S Range: 54W Meridian: 6
Footage at surface: Distance: 1698 feet Direction: FNL Distance: 1384 feet Direction: FWL
As Drilled Latitude: 38.961180 As Drilled Longitude: -103.399780

GPS Data:

Data of Measurement: 08/06/2013 PDOP Reading: 2.9 GPS Instrument Operator's Name: Elijah Frane

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/28/2013 13. Date TD: 07/27/2013 14. Date Casing Set or D&A: 07/30/2013

15. Well Classification:

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

16. Total Depth MD 7213 TVD** 17 Plug Back Total Depth MD 7151 TVD**

18. Elevations GR 4905 KB 15 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:

RST / Gamma Ray / Casing Collar - uploaded .las log via log upload.
Also Attached the above log & a CBL in pdf only.

Hard copies going out in mail today.

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	26+0/0	16+0/0	40	0	80	6	0	80	VISU
SURF	12+1/4	8+5/8	32	0	2,297	560	0	2,297	VISU
2ND	7+7/8	5+1/2	17	0	7,199	950		7,199	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
CHEROKEE	6,128	6,351	<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	6,351	6,702	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	6,702	6,989	<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN	6,989		<input type="checkbox"/>	<input type="checkbox"/>	

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400471038	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400475315	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400475308	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400475361	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)