

**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:

400476553

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 05-073-06537-00

6. County: LINCOLN

7. Well Name: Hully Gully

Well Number: 13-54-1-13

8. Location: QtrQtr: SWSW Section: 1 Township: 13S Range: 54W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 765 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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) 06/18/2013 13. Date TD: 08/20/2013 14. Date Casing Set or D&A: 08/22/2013

15. Well Classification:

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

16. Total Depth MD 6089 TVD** 17 Plug Back Total Depth MD 6079 TVD**

18. Elevations GR 4847 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:

Platform Express - Triple Combo
Reservoir Saturation Tool / Gamma Ray / Casing Collar Locator
Dual Spaced CBL
All logs upload as attachemnts in pdf format.
First 2 logs uploaded in .las format.
All logs hard copies mailed to COGCC 9-13-13

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	20+0/0	16+0/0	40	0	78	70	0	78	VISU
SURF	12+1/4	9+5/8	36	0	2,297	120	0	2,297	VISU
1ST	8+3/4	7+0/0	23	0	5,918	567	1,924	5,918	CBL
1ST LINER	6+1/8	4+1/2	11.6	5807	6,083				

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	
WOLFCAMP	4,313	4,478	<input type="checkbox"/>	<input type="checkbox"/>	
Admire	4,478	5,092	<input type="checkbox"/>	<input type="checkbox"/>	
VIRGIL	5,092	5,914	<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	5,914	6,036	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	6,036		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

As Drilled Lat/Lon will be submitted as soon as received.

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>					
400476568	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"/>
400476999	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400478706	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400480931	LAS-PLATFORM EXPRESS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400480932	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)