

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:

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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: Moe Felman
Phone: (303) 226-1300
Fax: (303) 226-1301

5. API Number 05-043-06185-00
6. County: FREMONT
7. Well Name: APACHE-GOLD
Well Number: 34-20
8. Location: QtrQtr: SWSE Section: 20 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: 06/02/2010
Perforations Top: 0 Bottom: 0 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole: ☒
No treatment performed. Producing through pre-perforated 5 1/2 Casing 4 ea 1/2" holes per foot, 90 deg. phasing. Pre-perforated casing from 2137' to 3147'. External casing packer set at 3147'.

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: 3129 Tbg setting date: 05/28/2010 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: Moe Felman

Title: Drilling Manager

Date: _____

Email moe.felman@cometridgeresources.com

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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	Doc Description
400096996	WELLBORE DIAGRAM	Apache-Gold 34-20R_Wellbore Schematic_ 100110.pdf

Total Attach: 1 Files