

**FORM  
5A**Rev  
02/08State 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:

400081613

**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 4. Contact Name: Moe Felman  
2. Name of Operator: PINE RIDGE OIL & GAS LLC Phone: (303) 226-1300  
3. Address: 600 17TH ST STE 800S Fax: (303) 226-1301  
City: DENVER State: CO Zip: 80202

5. API Number 05-043-06181-00 6. County: FREMONT  
7. Well Name: DOLLY VARDEN Well Number: 41-20  
8. Location: QtrQtr: NENE Section: 20 Township: 19S Range: 69W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: PIERRE Status: PRODUCING  
Treatment Date: 05/19/2010 Date of First Production this formation: 05/19/2010  
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 with 4 ea 1/2" holes per foot, 90 deg. phasing. Pre-perforated casing from 3,233' to 3,550'. External casing packer set at 3,207'.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 05/19/2010 Hours: 24 Bbls oil: 248 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: flowing Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: 30  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3522 Tbg setting date: 05/15/2010 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: Sr. Operations Engineer Date: 8/4/2010 Email moe.felman@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: David S. Neslin Director of COGCC Date: 11/3/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
400081613	FORM 5A SUBMITTED	LF@2517428 400081613
400082352	WELLBORE DIAGRAM	LF@2517429 400082352

Total Attach: 2 Files