

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 05-043-06182-00  
6. County: FREMONT  
7. Well Name: PATTI  
Well Number: 32-29  
8. Location: QtrQtr: SWNE Section: 29 Township: 19S Range: 69W Meridian: 6  
9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PLUGGED AND ABANDONED</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____	No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>No stimulation/treatment conducted.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production:	
<u>Not productive. Set 43 sks cement plug from 3,798' to 3,967' MD. Tagged cement plug. Intermediate casing at 3,870'.</u>	
Date formation Abandoned: <u>07/01/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: PIERRE Status: PRODUCING

Treatment Date: 07/13/2010 Date of First Production this formation: 07/21/2010  
Perforations Top: 2839 Bottom: 3380 No. Holes: 146 Hole size: 3 + 1/8

Provide a brief summary of the formation treatment: Open Hole: ☐

Initial perforations from 3,512' to 3,552', no fluid entry detected. Acidized with 500 gal 7.5% HCL, 600 gal 6% HCL / 1.5% HF followed by 3 bbls 3% Amm. Cl. and displaced with 9 bbls Amm. Cl. Set CIBP at 3,500' and perforated 2,839' to 3,380'.

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: 3380 Tbg setting date: 07/16/2010 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
400108150	WELLBORE DIAGRAM	Patti 32-29_Well Schematic 7-1-10 (2).pdf
400108151	CEMENT JOB SUMMARY	Patti 32-29_Cement Plug Report_070110.pdf

Total Attach: 2 Files