

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



Table with 4 columns: DE, ET, OE, ES

Document Number: 400085643

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 05-043-06194-00 6. County: FREMONT 7. Well Name: Woolly Bugger 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: 07/30/2010 Date of First Production this formation: 07/30/2010 Perforations Top: 2650 Bottom: 3830 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 2650' to 3830' MD. External casing packer set at 2635.

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 07/20/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 31 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3807 Tbg setting date: 07/20/2010 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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 11/12/2010 Email moe.felman@cometridgeresources.com
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Attachment Check List

Att Doc Num	Name
400085643	FORM 5A SUBMITTED
400108282	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PER MOE FLEDMAN@COMET RIDGE - THEY DO NOT TEST THE WELLS	3/23/2011 7:54:16 AM
Permit	req test info	3/22/2011 11:38:18 AM

Total: 2 comment(s)