

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:

400168687

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: Paul Gottlob  
Phone: (303) 226-1316  
Fax: (303) 226-1301

5. API Number 05-043-06202-00  
6. County: FREMONT  
7. Well Name: Elliot Ness  
Well Number: 22-17  
8. Location: QtrQtr: SENW Section: 17 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: 05/14/2011
Perforations Top: 2751 Bottom: 3855	No. Holes: 0 Hole size:
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
We did not perforate or do a completion treatment on this well.	
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:	GOR:
Calculated 24 hour rate:	Bbls oil:
Mcf Gas:	Bbls H2O:
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: 3793
Tbg setting date: 05/07/2011	Packer Depth:
Reason for Non-Production:	
Date formation Abandoned:	
Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Paul Gottlob

Title: Sr. Engineering Tech. Date: Email paul.gottlob@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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400206458	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)