

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400221405

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: Paul Gottlob
 2. Name of Operator: PINE RIDGE OIL & GAS LLC Phone: (303) 226-1316
 3. Address: 600 17TH ST STE 800S Fax: (303) 226-1301
 City: DENVER State: CO Zip: 80202

5. API Number 05-043-06213-00 6. County: FREMONT
 7. Well Name: BLUE MARLIN Well Number: 44-19
 8. Location: QtrQtr: SESE Section: 19 Township: 19S Range: 69W Meridian: 6
 9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: PIERRE Status: PRODUCING
 Treatment Date: 10/29/2011 Date of First Production this formation: 11/02/2011
 Perforations Top: 3346 Bottom: 3864 No. Holes: 98 Hole size: 1/2
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Pre-perfed casing - 4 hpf, .5" holes, 90 degree phasing f/ 4102'-6085'. Perforated 3864'-3666' w/ 3-1/8" Csg Guns loaded w/ 4, 11gr, Titan Charges per ft @ 90 degree phasing.
 Perforated 3635'-3346' w. 3-1/8" Csg Guns loaded w/ 4, 22gr, Big Hole Titan Charges per ft @ 90 degree phasing.
 No Test data as we do not test these wells - we complete and put on production.
 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: 3858 Tbg setting date: 10/30/2011 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: 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
400221422	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)