

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

COMPLETED INTERVAL REPORT

Document Number: 400228807

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 05-043-06209-00
6. County: FREMONT
7. Well Name: Paiute
Well Number: 34-29
8. Location: QtrQtr: SWSE Section: 29 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: 11/21/2011

Perforations Top: 2378 Bottom: 3700 No. Holes: 2588 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: []

5-1/2" Perforated Production Csg. f/ 2378' - 2556', 4 hpf @ 1/2"
5-1/2" Perforated Production Csg. f/ 3231' - 3700', 4 hpf @ 1/2"

Well not tested - Completed and put on Production.

This formation is commingled with another formation: [] Yes [X] 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: 3680 Tbg setting date: 11/17/2011 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: 12/2/2011

Email : paul.gottlob@cometridgeresources.com

Attachment Check List

Att Doc Num	Name
400228807	FORM 5A SUBMITTED
400228843	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)