

**FORM
5**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:

400230936

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-043-06210-00

6. County: FREMONT

7. Well Name: Oilfish

Well Number: 24-30

8. Location: QtrQtr: Lot 1 Section: 30 Township: 19S Range: 69W Meridian: 6

Footage at surface: Distance: 416 feet Direction: FSL Distance: 2012 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 412 feet. Direction: FSL Dist.: 2010 feet. Direction: FWL

Sec: 30 Twp: 19S Rng: 69W

** If directional footage at Bottom Hole Dist.: 1376 feet. Direction: FSL Dist.: 1492 feet. Direction: FWL

Sec: 30 Twp: 19S Rng: 69W

9. Field Name: FLORENCE-CANON CITY

10. Field Number: 24600

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/17/2011 13. Date TD: 11/25/2011 14. Date Casing Set or D&A: 11/26/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 4585 TVD** 3875 17 Plug Back Total Depth MD 4579 TVD** 3874

18. Elevations GR 5544 KB 5555

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

NONE

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 24 | 16 | 1/4 | 0 | 240 | 300 | 0 | 240 | CALC |
| SURF | 12+1/4 | 9+5/8 | 32.3 | 0 | 431 | 115 | 0 | 431 | CALC |
| 1ST | 8+3/4 | 5+1/2 | 15.5 | 0 | 4,579 | | | | |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|-----------------------------------------------------------------|
| | Top | Bottom | DST | Cored | |
| PIERRE | 0 | 4,585 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Will supply "As Drilled Lat/Lon" as soon as possible.

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

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400230957 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400230955 | Directional Survey ** | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400230961 | WELLBORE DIAGRAM | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)