

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:

400230824

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 05-043-06214-00

6. County: FREMONT

7. Well Name: TRUMPETFISH

Well Number: 22-31R

8. Location: QtrQtr: Lot 1 Section: 31 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: 11/23/2011

Perforations Top: 2392 Bottom: 4616 No. Holes: 8896 Hole size: 1/2

Provide a brief summary of the formation treatment: Open Hole: ☐

Production Interval is from Pre-Perfed Casing 5-1/2", 15.5 ppf, J-55, R3, LT&C

Well not tested - just completed and put to 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: 4590 Tbg setting date: 11/15/2011 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: 12/9/2011 Email: paul.gottlob@cometridgeresources.com

### Attachment Check List

Att Doc Num	Name
400230824	FORM 5A SUBMITTED
400230834	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)