

**FORM**  
**5**  
Rev  
02/08

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400133309

Date Received:  
03/24/2011

**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: Jill Lazatin  
 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 05-041-06063-00 6. County: EL PASO  
 7. Well Name: NAOS STATE Well Number: 32-4  
 8. Location: QtrQtr: SWNE Section: 4 Township: 16S Range: 64W Meridian: 6  
 Footage at surface: Distance: 2353 feet Direction: FNL Distance: 2120 feet Direction: FEL  
 As Drilled Latitude: 38.687496 As Drilled Longitude: -104.558937

GPS Data:  
 Date of Measurement: 01/28/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Steven Parker

\*\* If directional footage at Top of Prod. Zone Dist.: 2353 feet. Direction: FNL Dist.: 2120 feet. Direction: FEL

Sec: 4 Twp: 16 Rng: 64

\*\* If directional footage at Bottom Hole Dist.: 2124 feet. Direction: FNL Dist.: 2139 feet. Direction: FEL

Sec: 4 Twp: 16 Rng: 64

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 9893.9

12. Spud Date: (when the 1st bit hit the dirt) 12/05/2010 13. Date TD: 12/12/2010 14. Date Casing Set or D&A: 12/05/2010

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 4630 TVD\*\* 4609 17 Plug Back Total Depth MD 4630 TVD\*\* 4609

18. Elevations GR 5759 KB 5770 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:

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	55	0	149	100	0	149	CALC
SURF	12+1/4	8+5/8	22	0	484	300	0	484	CALC
1ST	7+7/8	5+1/2	15.5 ppf	0	4,517				
OPEN HOLE	7+7/8			4517	4,630				

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	40	3,243	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Analysis pending
NIOBRARA	4,127	4,564	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Analysis pending

Comment:

well not completed

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Jill Lazatin

Title: Engineering Technician Date: 3/24/2011 Email: jill.lazatin@cometridgeresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2072610	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400146011	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
400145771	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400133309	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400134043	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400134048	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400210215	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REC CMT TKTS	8/24/2011 12:02:36 PM
Permit	SUNDRY REQUESTING WO STATUS, DOC#2612864, NOT YET APPROVED. REQ CMT TKTS. WELL IS NOT COMPLETE - NO LOGS	7/8/2011 12:38:25 PM

Total: 2 comment(s)