

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:

400402027

Date Received:

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 05-073-06494-00 6. County: LINCOLN
 7. Well Name: BUSYGULLY Well Number: 13-54-12-3A
 8. Location: QtrQtr: NENW Section: 12 Township: 13S Range: 54W Meridian: 6
 Footage at surface: Distance: 1063 feet Direction: FNL Distance: 1371 feet Direction: FWL
 As Drilled Latitude: 38.933640 As Drilled Longitude: -103.399670

GPS Data:

Date of Measurement: 04/20/2013 PDOP Reading: 3.8 GPS Instrument Operator's Name: Elijah Frane

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/24/2013 13. Date TD: 04/01/2013 14. Date Casing Set or D&A: 04/06/2013

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7120 TVD** 7120 17 Plug Back Total Depth MD 7045 TVD** 7045

18. Elevations GR 4843 KB 4858 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:

Platform Express - Triple Combo

Completion has not started and CBL will be submitted after done.

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
SURF	17+0/0	13+3/8	48	0	448	230	0	446	VISU
1ST	12+1/4	8+5/8	32	0	3,386	935	0	935	VISU
2ND	7+7/8	5+1/2	17	0	7,090	680	0	7,090	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/06/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	SURF	448	230	0	448
STAGE TOOL	1ST	3,386	935	0	3,386
STAGE TOOL	2ND	7,090	680	0	7,090

Details of work:

See attached Cement Reports.

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	
NIOBRARA	1,836		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	2,408		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	2,845		<input type="checkbox"/>	<input type="checkbox"/>	
STONE CORRAL	4,318		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	5,476		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	5,917		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CHEROKEE	6,047		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MORROW	6,635		<input type="checkbox"/>	<input type="checkbox"/>	

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400402119	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400402450	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400402118	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400409689	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)