

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



DE ET OE ES

Document Number:

400464731

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 05-073-06535-00 6. County: LINCOLN
7. Well Name: Vortex Well Number: 12-53-3-1
8. Location: QtrQtr: NENE Section: 3 Township: 12S Range: 53W Meridian: 6
Footage at surface: Distance: 622 feet Direction: FNL Distance: 877 feet Direction: FEL
As Drilled Latitude: 39.036490 As Drilled Longitude: -103.315170

GPS Data:
Date of Measurement: 08/06/2013 PDOP Reading: 3.1 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: CLIFFORD 10. Field Number: 11410
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/17/2013 13. Date TD: 07/08/2013 14. Date Casing Set or D&A: 07/11/2013

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

16. Total Depth MD 7377 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4955 KB 4970
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	20+0/0	16+0/0	48	0	79	6	0	79	VISU
SURF	12+1/4	8+5/8	32	0	2,283	575	0	2,283	VISU

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	
			<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			
400464751	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" 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"/>
400464827	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400466646	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)