


<div>FORM 5</div> <div>Rev 02/08</div>	<div>State of Colorado</div> <div>Oil and Gas Conservation Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<table><tr><td>DE</td><td>ET</td><td>OE</td><td>ES</td></tr></table>	DE	ET	OE	ES
DE	ET	OE	ES				
<div>DRILLING COMPLETION REPORT</div> <div>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.</div>			<div>Document Number:</div> <div>2071719</div>				
<div>Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion</div>							
<div>1. OGCC Operator Number: 10310</div> <div>2. Name of Operator: FRAM OPERATING LLC</div> <div>3. Address: 30 E PIKES PEAK AVE STE 283</div> <div>City: COLORADO SPRIN State: CO Zip: 80903</div>		<div>4. Contact Name: DAVE COOK</div> <div>Phone: (719) 3551320</div> <div>Fax: (719) 3141362</div>					
<div>5. API Number 05-077-09474-00</div> <div>7. Well Name: MANSUR</div> <div>8. Location: QtrQtr: SENE Section: 33 Township: 12S Range: 97W Meridian: 6</div> <div>Footage at surface: Distance: 2004 feet Direction: FNL Distance: 607 feet Direction: FEL</div> <div>As Drilled Latitude: 38.965390 As Drilled Longitude: -108.233460</div> <div>GPS Data:</div> <div>Data of Measurement: 08/20/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: DEE SLAUGH</div> <div>** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:</div> <div>Sec: Twp: Rng:</div> <div>** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:</div> <div>Sec: Twp: Rng:</div>		<div>6. County: MESA</div> <div>Well Number: 33-4-C</div> <div>9. Field Name: WILDCAT</div> <div>10. Field Number: 99999</div> <div>11. Federal, Indian or State Lease Number:</div>					
<div>12. Spud Date: (when the 1st bit hit the dirt) 09/26/2010 13. Date TD: 10/04/2010 14. Date Casing Set or D&A: 10/05/2010</div>							
<div>15. Well Classification:</div> <div><input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation</div>							
<div>16. Total Depth MD 3620 TVD**</div>		<div>17 Plug Back Total Depth MD 3620 TVD**</div>					
<div>18. Elevations GR 6218 KB 6230</div>		<div>One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.</div>					
<div>19. List Electric Logs Run:</div> <div>RTAP, TRIPPLECOMBO, SONIC, GR.</div>							
<div>20. Casing, Liner and Cement:</div>							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	16		0	52	0	0	52	CALC
SURF	12+1/4	9+5/8		0	537	100	0	537	CALC
1ST	8+3/4	5+1/2		0	3,620	175	2,000	3,620	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

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

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	
MANCOS	12	3,351	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,362	3,463	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CEDAR MOUNTAIN	3,463	3,476	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	3,476		<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

WILL SEND CORE ANALYSIS WHEN WE RECEIVE IT.
DID NOT DRILL THROUGH BRUSHY BASIN.

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

Signed: _____ Print Name: DAVID COOK

Title: MANAGER Date: 10/11/2010 Email: DAVE@FRAMAMARICAS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2071720	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2071719	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2072312	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	D.S OK'D BHL	6/10/2011 9:28:22 AM
Permit	PER H.M.@FRAM, THIS IS A VERTICAL WELL. REC DIGITAL LOGS. HAVING PERMITTER OK BHL	4/25/2011 8:37:39 AM
Permit	req directional survey, digital logs and Prod Zone and BHL footages	4/13/2011 8:32:48 AM

Total: 3 comment(s)