

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2287164

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: 10310
2. Name of Operator: FRAM OPERATING LLC
3. Address: 30 E PIKES PEAK AVE STE 283
City: COLORADO State: CO Zip: 80903
4. Contact Name: DAVID COOK
Phone: (719) 355-1320
Fax: (719) 314-1362

5. API Number 05-077-08932-00
6. County: MESA
7. Well Name: MANSUR
Well Number: 33-1
8. Location: QtrQtr: SENW Section: 33 Township: 12S Range: 97W Meridian: 6
9. Field Name: WHITEWATER Field Code: 92840

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED

Treatment Date: Date of First Production this formation:

Perforations Top: 3084 Bottom: 3280 No. Holes: 0 Hole size:

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

NONE

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 03/10/2011 Hours: 6 Bbls oil: 0 Mcf Gas: 32 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: Mcf Gas: 132 Bbls H2O: 0 GOR: 0

Test Method: CHART METER Casing PSI: 40 Tubing PSI: 40 Choke Size: 8/64

Gas Disposition: Gas Type: WET BTU Gas: 1062 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2878 Tbg setting date: 03/08/2011 Packer Depth:

Reason for Non-Production:

LOW GAS PRICES, NO PIPELINE

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: DAVID COOK

Title: MANAGER Date: 1/24/2012 Email: DAVE@FRAMAMERICAS.COM

Attachment Check List

Att Doc Num	Name
2287164	FORM 5A SUBMITTED
2287165	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	GAS DISPOSITION: "SHUT IN" NOT AVAILABLE ON PULL DOWN.	2/27/2012 3:02:02 PM

Total: 1 comment(s)