



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

Document Number:
400437288

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

5. API Number 05-077-09474-00 6. County: MESA
 7. Well Name: MANSUR Well Number: 33-1-G
 8. Location: QtrQtr: SENW Section: 33 Township: 12S Range: 97W Meridian: 6
 Footage at surface: Distance: 2197 feet Direction: FNL Distance: 2123 feet Direction: FWL
 As Drilled Latitude: 38.964510 As Drilled Longitude: -108.242270

GPS Data:
 Date of Measurement: 02/02/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Dee Slaugh

** If directional footage at Top of Prod. Zone Dist.: 1837 feet. Direction: FNL Dist.: 1950 feet. Direction: FWL
 Sec: 33 Twp: 12S Rng: 97W
 ** If directional footage at Bottom Hole Dist.: 737 feet. Direction: FNL Dist.: 1427 feet. Direction: FWL
 Sec: 33 Twp: 12S Rng: 97W

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: 73038X

12. Spud Date: (when the 1st bit hit the dirt) 05/28/2011 13. Date TD: 06/11/2011 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 4640 TVD** 3402 17 Plug Back Total Depth MD 3170 TVD** 3170

18. Elevations GR 6083 KB 6097 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	18	16		0	40	4	0	40	
SURF	12+1/4	9+5/8		0	500	150	0	500	CBL

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	
MANCOS	11	3,231	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,420	4,640	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Original Hole

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

Signed: _____ Print Name: Dave Cook

Title: Manager Date: _____ Email: dave@framamericas.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400437677	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400437681	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)