

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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 05-077-09474-00
6. County: MESA
7. Well Name: MANSUR
Well Number: 33-4-C
8. Location: QtrQtr: SENE Section: 33 Township: 12S Range: 97W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB

Treatment Date: 10/21/2010 End Date: 10/21/2010 Date of First Production this formation:

Perforations Top: 3401 Bottom: 3444 No. Holes: 54 Hole size: 9/25

Provide a brief summary of the formation treatment: Open Hole: []

3000 gal 7 1/2% HCL

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 71 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3507 Tbg setting date: 10/27/2010 Packer Depth:

Reason for Non-Production: Tight formation

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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: _____ Email: dave@framamericas.com
:

Attachment Check List

Att Doc Num	Name
400439204	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)