

FORM
5A

Rev
06/12

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:

400827321

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: 6 SOUTH TEJON STREET #400
City: COLORADO State: CO Zip: 80903
4. Contact Name: David Cook
Phone: (719) 355-1320
Fax: (719) 314-1362
Email: dave@framamericas.com

5. API Number 05-077-10217-01
6. County: MESA
7. Well Name: Mansur
Well Number: 33-4-D
8. Location: QtrQtr: Lot 8 Section: 33 Township: 12S Range: 97W Meridian: 6
9. Field Name: WHITEWATER Field Code: 92840

Completed Interval

FORMATION: DAKOTA Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 3528 Bottom: 3538 No. Holes: 180 Hole size: 3 + 3/8

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

No fracture stimulation, acid job or cavitation performed. The liner was perfed on 9/10/14 from 3528' to 3538'.

This formation is commingled with another formation: ☐ Yes ☒ 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): _____ 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: 09/19/2014 Hours: 1 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

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

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Dry

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:

Fram perfed from 3528' to 3538'. No treatments (fracture stimulation, acid job, or cavitation) were performed. Well was swabbed and was dry. Well is shut in for further evaluation.

Inspection from Chuck Browning on 9/10 also included to show that we were shutting in for completion operations and running the liner.

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

Signed: _____

Print Name: David _____

Title: Cook _____

Date: _____

Email dave@framamericas.com _____

:

Attachment Check List

Att Doc Num

Name

400827322	WELLBORE DIAGRAM
400827323	CORRESPONDENCE

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)