

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400827321 Date Received:				
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: <u>10310</u> 2. Name of Operator: <u>FRAM OPERATING LLC</u> 3. Address: <u>6 SOUTH TEJON STREET #400</u> City: <u>COLORADO</u> State: <u>CO</u> Zip: <u>80903</u>	4. Contact Name: <u>David Cook</u> Phone: <u>(719) 355-1320</u> Fax: <u>(719) 314-1362</u> Email: <u>dave@framamericas.com</u>
---	---

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

Completed Interval

FORMATION: <u>DAKOTA</u>	Status: <u>SHUT IN</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>3528</u>	Bottom: <u>3538</u>	No. Holes: <u>180</u> Hole size: <u>3 + 3/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>09/19/2014</u>	Hours: <u>1</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Swab</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: Dry				
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		

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

Comment:

Fram perped 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

<u>Att Doc Num</u>	<u>Name</u>
400827322	WELLBORE DIAGRAM
400827323	CORRESPONDENCE

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)