

FORM
5Rev
09/14

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:

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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

OGCC Operator Number: 10112

Contact Name: Adam Johnson

Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC

Phone: (918) 526-5583

Address: 16000 DALLAS PARKWAY #875

Fax: (918) 585-1660

City: DALLAS State: TX Zip: 75248-

API Number 05-123-35755-00

County: WELD

Well Name: Green

Well Number: 1-10

Location: QtrQtr: NWSE Section: 1 Township: 7N Range: 60W Meridian: 6

Footage at surface: Distance: 1600 feet Direction: FSL Distance: 2186 feet Direction: FEL

As Drilled Latitude: 40.601578 As Drilled Longitude: -104.038800

GPS Data:

Date of Measurement: 03/22/2014 PDOP Reading: 1.3 GPS Instrument Operator's Name: Ryan Ritz

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/04/2014 Date TD: 06/09/2014 Date Casing Set or D&A: 06/11/2014

Rig Release Date: 06/12/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 7100 TVD** Plug Back Total Depth MD 7051 TVD**

Elevations GR 4948 KB 4960 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Induction, Gamma

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	601	226	0	539	CBL
1ST	7+7/8	5+1/2		0	5,046	50	0	7,095	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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
D SAND	6,812	6,833			
J SAND	6,894	7,000			

Comment:

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

Signed: _____

Print Name: Rachel Grant

Title: Sr. HSE/Regulatory Tech

Date: _____

Email: regulatory@foundationenergy.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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)