

DRILLING COMPLETION REPORT

Document Number:
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Date Received:

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

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

Total: 0 comment(s)