

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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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: 10112 2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC 3. Address: 16000 DALLAS PARKWAY #875 City: DALLAS State: TX Zip: 75248- 4. Contact Name: Adam Johnson Phone: (918) 526-5583 Fax: (918) 585-1660 Email: regulatory@foundationenergy.com

5. API Number 05-123-38576-00 6. County: WELD 7. Well Name: Wickstrom Well Number: 6-4 8. Location: QtrQtr: Lot 4 Section: 6 Township: 7N Range: 59W Meridian: 6 9. Field Name: CROW Field Code: 13600

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 09/09/2014 End Date: 09/09/2014 Date of First Production this formation: 09/17/2014 Perforations Top: 6845 Bottom: 6854 No. Holes: 36 Hole size: 03/8 Provide a brief summary of the formation treatment: Open Hole: [ ] This formation is commingled with another formation: [ ] Yes [X] No Total fluid used in treatment (bbl): 555 Max pressure during treatment (psi): 3728 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00 Type of gas used in treatment: Min frac gradient (psi/ft): 0.51 Total acid used in treatment (bbl): 12 Number of staged intervals: 4 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 683 Disposition method for flowback: Rule 805 green completion techniques were utilized: [ ] Total proppant used (lbs): 49800 Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/17/2014 Hours: 8 Bbl oil: 7 Mcf Gas: 35 Bbl H2O: 20 Calculated 24 hour rate: Bbl oil: 21 Mcf Gas: 105 Bbl H2O: 60 GOR: 5000 Test Method: Swab Casing PSI: 120 Tubing PSI: 0 Choke Size: Gas Disposition: VENTED Gas Type: WET Btu Gas: 1370 API Gravity Oil: 40 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: Reason for Non-Production: 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:

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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: 7/30/2015 Email regulatory@foundationenergy.com  
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### Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u>       |
|--------------------|-------------------|
| 400857835          | FORM 5A SUBMITTED |

Total Attach: 1 Files

### General Comments

| <u>User Group</u> | <u>Comment</u>                    | <u>Comment Date</u>     |
|-------------------|-----------------------------------|-------------------------|
| Engineer          | incomplete - pushed back to DRAFT | 8/16/2015<br>7:33:59 PM |

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