

FORM
5ARev
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



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Document Number:

400890494

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

5. API Number 05-123-35755-00 6. County: WELD
 7. Well Name: Green Well Number: 1-10
 8. Location: QtrQtr: NWSE Section: 1 Township: 7N Range: 60W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

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: 09/18/2014
 Perforations Top: 6814 Bottom: 6826 No. Holes: 48 Hole size: 03/8
 Provide a brief summary of the formation treatment: Open Hole: ☐
 This formation is commingled with another formation: ☐ Yes ☒ No
 Total fluid used in treatment (bbl): 555 Max pressure during treatment (psi): 3850
 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): _____
 Total acid used in treatment (bbl): 12 Number of staged intervals: 5
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 443 Disposition method for flowback: _____
 Total proppant used (lbs): 50100 Rule 805 green completion techniques were utilized: ☐
 Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/16/2014 Hours: 8 Bbl oil: 6 Mcf Gas: 33 Bbl H2O: 56
 Calculated 24 hour rate: Bbl oil: 18 Mcf Gas: 99 Bbl H2O: 168 GOR: 5500
 Test Method: Swab Casing PSI: 120 Tubing PSI: 10 Choke Size: _____
 Gas Disposition: VENTED Gas Type: WET Btu Gas: 1300 API Gravity Oil: 40
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6833 Tbg setting date: 09/17/2014 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: _____ Email regulatory@foundationenergy.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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