

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: Rachel Grant Phone: (918) 526-5592 Fax: (918) 585-1660 Email: regulatory@foundationenergy.com

5. API Number 05-001-07372-00 6. County: ADAMS 7. Well Name: STATE OF CO AI Well Number: 1 8. Location: QtrQtr: SENE Section: 30 Township: 2S Range: 62W Meridian: 6 9. Field Name: WARLOCK Field Code: 90695

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION Treatment Date: 07/14/2003 End Date: 07/14/2003 Date of First Production this formation: 07/21/2003 Perforations Top: 7232 Bottom: 7244 No. Holes: 48 Hole size: 021/50 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): 946 Max pressure during treatment (psi): 6000 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.75 Type of gas used in treatment: Min frac gradient (psi/ft): 0.85 Total acid used in treatment (bbl): 6 Number of staged intervals: 5 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 467 Fresh water used in treatment (bbl): 47 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 48000 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: 07/21/2003 Hours: 4 Bbl oil: 2 Mcf Gas: 4 Bbl H2O: 10 Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 21 Bbl H2O: 53 GOR: 1545 Test Method: Swab Casing PSI: Tubing PSI: Choke Size: Gas Disposition: SOLD Gas Type: WET Btu Gas: 1353 API Gravity Oil: 39 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7262 Tbg setting date: 07/17/2003 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: 10/21/2015 Email: regulatory@foundationenergy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400921917	FORM 5A SUBMITTED

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