

**FORM
5A**Rev
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:

400905389

Date Received:

09/28/2015

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: 10310 4. Contact Name: David Cook
2. Name of Operator: FRAM OPERATING LLC Phone: (719) 355-1320
3. Address: 6 SOUTH TEJON STREET #400 Fax: (719) 314-1362
City: COLORADO State: CO Zip: 80903 Email: Dave@framamericas.com

5. API Number 05-077-09474-00 6. County: MESA
7. Well Name: MANSUR Well Number: 33-4-C
8. Location: QtrQtr: LOT 8 Section: 33 Township: 12S Range: 97W Meridian: 6
9. Field Name: WHITEWATER Field Code: 92840

Completed Interval

FORMATION: MANCOS Status: SHUT IN Treatment Type: _____
Treatment Date: 05/21/2015 End Date: 05/21/2015 Date of First Production this formation: _____
Perforations Top: 2982 Bottom: 2992 No. Holes: 60 Hole size: 3 + 1/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

No Treatment Type Selected because no choices match the GasGun treatment. The GasGun is a propellant stimulation tool used to create permeability directly in the zone where the tool is placed. When initiated it generates gas pressure (Primarily CO2 and N2) rapidly which breaks down the perforation tunnels and increases the flowpath to the formation.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 0 Max pressure during treatment (psi): 2500Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.00Total acid used in treatment (bbl): 0 Number of staged intervals: 0Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0Fresh water used in treatment (bbl): 0 Disposition method for flowback: _____Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org**Test Information:**

Date: 05/27/2015 Hours: 2 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 11
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 132 GOR: 0
Test Method: Swab Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Water only. Well Shut-in to GasGun at a higher interval.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:

Form 5A submitted to report gas gun test.

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

Signed: _____ Print Name: David _____

Title: Cook _____ Date: 9/28/2015 _____ Email: Dave@framamericas.com _____

Attachment Check List

Att Doc Num **Name**

400905389	FORM 5A SUBMITTED
400906133	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)