

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: 14800 LANDMARK BLVD STE # City: DALLAS State: TX Zip: 75254 4. Contact Name: WANDA VAN WAGONER Phone: (970) 6752034 Fax: (970) 6752036 Email: WWAGONER@FOUNDATIONENERGY.COM

5. API Number 05-081-07439-00 6. County: MOFFAT 7. Well Name: GAMMA STATE Well Number: 14-15D 8. Location: QtrQtr: SWSW Section: 15 Township: 7N Range: 93W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: Treatment Date: 08/20/2009 End Date: Date of First Production this formation: 06/15/2010 Perforations Top: 7338 Bottom: 8440 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: 627144 CF NZ, 3429 BBL LINEAR X-LINKED GEL, 301592# 20/40 SAND.

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/17/2010 Hours: 24 Bbl oil: 10 Mcf Gas: 140 Bbl H2O: 12 Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 140 Bbl H2O: 12 GOR: 14000 Test Method: PUMPING Casing PSI: 70 Tubing PSI: Choke Size: Gas Disposition: FLARED Gas Type: WET Btu Gas: 1252 API Gravity Oil: 43 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8310 Tbg setting date: Packer Depth: 8244 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:

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

Signed: \_\_\_\_\_ Print Name: WANDA VAN WAGONER  
Title: OPERATIONS ASST. Date: 7/29/2010 Email: WVWAGONER@FOUNDATIONENERGY.CO  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2556778	FORM 5A SUBMITTED
2556779	OPERATIONS SUMMARY
2556780	OTHER

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)