

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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02/26/2010

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: HAROLD MAYLAND
2. Name of Operator: FRAM OPERATING LLC	Phone: (719) 593-8787
3. Address: 30 E PIKES PEAK AVE, #283	Fax: (719) 314-1362
City: COLORADO State: CO Zip: 80903	Email:

5. API Number 05-077-08940-00	6. County: MESA
7. Well Name: WHITING	Well Number: 35-2
8. Location: QtrQtr: NESE Section: 35 Township: 2S Range: 2E Meridian: U	
9. Field Name:	Field Code:

Completed Interval

FORMATION: DAKOTA	Status: N/A	Treatment Type:
Treatment Date:	End Date:	Date of First Production this formation:
Perforations Top:	Bottom:	No. Holes: Hole size:
Provide a brief summary of the formation treatment:		Open Hole: <input checked="" type="checkbox"/>

WAITING ON PIPELINE

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: <input type="checkbox"/>

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date:	Hours:	Bbl oil:	Mcf Gas:	Bbl H2O:
Calculated 24 hour rate:	Bbl oil:	Mcf Gas:	Bbl H2O:	GOR:
Test Method:	Casing PSI:	Tubing PSI:	Choke Size:	
Gas Disposition:	Gas Type:	Btu Gas:	API Gravity Oil:	
Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:	
Reason for Non-Production:				
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: HAROLD MAYLAND

Title: OPERATIONS MANAGER Date: 2/26/2010 Email : \_\_\_\_\_

### **Attachment Check List**

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### **General Comments**

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)