

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:

401845028

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
2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC
3. Address: 5057 KELLER SPRINGS RD STE 650
City: ADDISON State: TX Zip: 75001
4. Contact Name: Alyssa Beard
Phone: (303) 2448114
Fax:
Email: regulatory@foundationenergy.com

5. API Number 05-103-10433-00
6. County: RIO BLANCO
7. Well Name: COLUMBINE SP FED
Well Number: 3C-13-4-104
8. Location: QtrQtr: SESW Section: 13 Township: 4S Range: 104W Meridian: 6
9. Field Name: BAXTER PASS Field Code: 5700

Completed Interval

FORMATION: NESLEN COAL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 1342 Bottom: 1426 No. Holes: 84 Hole size:
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): 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: 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: Non-economical
Date formation Abandoned: 09/18/2018 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 1275 ** 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: Alyssa Beard

Title: EHS Manager Date: _____ Email regulatory@foundationenergy.com
:

Attachment Check List

Att Doc Num **Name**

401852398	WIRELINER JOB SUMMARY
401879527	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)