

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401873161

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 4. Contact Name: Alyssa Beard
2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC Phone: (303) 244-8114
3. Address: 5057 KELLER SPRINGS RD STE 650 City: ADDISON State: TX Zip: 75001 Fax: Email: regulatory@foundationenergy.com

5. API Number 05-123-26639-00 6. County: WELD
7. Well Name: STATE Well Number: 36-6
8. Location: QtrQtr: SENW Section: 36 Township: 6N Range: 61W Meridian: 6
9. Field Name: GREASEWOOD SOUTH Field Code: 32700

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6604 Bottom: 6615 No. Holes: 0 Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]
This formation is commingled with another formation: [] Yes [X] 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: Uneconomical
Date formation Abandoned: 03/21/2014 Squeeze: [] Yes [X] No If yes, number of sacks cmt
** Bridge Plug Depth: 6491 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Well TA'ed with packer

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: HSE Manager Date: _____ Email: regulatory@foundationenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401873165	WELLBORE DIAGRAM
401891709	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)