

FORM
5ARev
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:

401892465

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: (918) 2448114
 Fax:
 Email: regulatory@foundationenergy.com

5. API Number 05-123-19173-00
 6. County: WELD
 7. Well Name: SOONER UNIT
 Well Number: 28-6-1
 8. Location: QtrQtr: SENW Section: 28 Township: 8N Range: 58W Meridian: 6
 9. Field Name: SOONER Field Code: 77700

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:
 Treatment Date: End Date: Date of First Production this formation:
 Perforations Top: 6278 Bottom: 6336 No. Holes: 104 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: uneconomical
 Date formation Abandoned: 11/13/2018 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
 ** Bridge Plug Depth: 6228 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Well TA'ed with CIBP with 2 sks of cement on top

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

Signed: _____ Print Name: adam johnson

Title: ops engineer Date: _____ Email regulatory@foundationenergy.com
:

Attachment Check List

Att Doc Num **Name**

401892472	WELLBORE DIAGRAM
401892473	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)