

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: 5057 KELLER SPRINGS RD STE 650 City: ADDISON State: TX Zip: 75001 4. Contact Name: Tishany Jenkins Phone: (303) 244-8109 Fax: (303) 861-0604 Email: regulatory@foundationenergy.com

5. API Number 05-045-10251-00 6. County: GARFIELD 7. Well Name: COLUMBINE SP FED Well Number: 22-8-5-103 8. Location: QtrQtr: SENW Section: 8 Township: 5S Range: 103W Meridian: 6 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: MANCOS B Status: TEMPORARILY ABANDONED Treatment Type: FRACTURE STIMULATION Treatment Date: 09/09/2005 End Date: 09/09/2005 Date of First Production this formation: Perforations Top: 3681 Bottom: 3738 No. Holes: 69 Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: NITROGEN 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: DISPOSAL 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: Waiting on pipeline connection Date formation Abandoned: 11/11/2013 Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: 3630 ** 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: Austin Anderson
Title: Operations Superintendent Date: 6/1/2017 Email: aanderson@foundationenergy.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401284444	FORM 5A SUBMITTED
401297875	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Change bridge plug setting to 3630' as per wireline ticket.	12/19/2017
Permit	ON HOLD: Emailed operator for accurate bridge plug setting depth.	07/17/2017
Permit	Operator has submitted corrected Form 7 reporting to reflect TA status since 8/2013. Wireline ticket indicates BP @ 3630? Operator has corrected top of perforated interval to 3681; previously processed incorrectly on previous 5A.	06/02/2017

Total: 3 comment(s)