

Document Number:
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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: Daniel Lapp
 2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC Phone: (970) 6299525
 3. Address: 5057 KELLER SPRINGS RD STE 650 Fax: _____
 City: ADDISON State: TX Zip: 75001 Email: dlapp@foundationenergy.com

5. API Number 05-103-08714-00 6. County: RIO BLANCO
 7. Well Name: COLUMBINE SP FED Well Number: 2-20-4-103
 8. Location: QtrQtr: SWSE Section: 20 Township: 4S Range: 103W Meridian: 6
 9. Field Name: BAXTER PASS Field Code: 5700

Completed Interval

FORMATION: MANCOS Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/21/1981
 Perforations Top: 3190 Bottom: 3562 No. Holes: 20 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-economic
 Date formation Abandoned: 06/14/2019 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 2648 ** 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: Alyssa Beard

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402156522	WIRELINE JOB SUMMARY
402162200	WELLBORE DIAGRAM
402162201	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)