

FORM  
5A

Rev  
09/20

# State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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Document Number:  
402992764

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: <u>10112</u>	4. Contact Name: <u>Wes Wickersham</u>
2. Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(972) 7072573</u>
3. Address: <u>5057 KELLER SPRINGS RD STE 650</u>	Fax: _____
City: <u>ADDISON</u> State: <u>TX</u> Zip: <u>75001</u>	Email: <u>wwickersham@foundationenergy.com</u>

5. API Number <u>05-125-07972-00</u>	6. County: <u>YUMA</u>
7. Well Name: <u>ALLEN</u>	Well Number: <u>23-24</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>24</u> Township: <u>4S</u> Range: <u>44W</u> Meridian: <u>6</u>	
9. Field Name: <u>BONNY</u> Field Code: <u>7325</u>	

## Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: \_\_\_\_\_

Perforations Top: 1642 Bottom: 1677 No. Holes: 35 Hole size: 3 + 1/8 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

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 or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

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: Uneconomic

Date formation Abandoned: 12/02/2021 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 1590 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

The well was due for an MIT in December, 2021. While a rig was on the well, Foundation set a CIBP to place the well in TA status.

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: EHSR Manager Date: \_\_\_\_\_ Email: regulatory@foundationenergy.com

## Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402993002	WIRELINE JOB SUMMARY
403003284	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)