

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2070558

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10310 4. Contact Name: DAVID COOK
2. Name of Operator: FRAM OPERATING LLC Phone: (719) 593-8787
3. Address: 30 E PIKES PEAK AVE STE 283 Fax: (719) 314-1362
City: COLORADO SPRIN State: CO Zip: 80903

5. API Number 05-077-09327-00 6. County: MESA
7. Well Name: SIMINOE Well Number: 32-2-J
8. Location: QtrQtr: NWSW Section: 32 Township: 12S Range: 97W Meridian: 6
Footage at surface: Distance: 1895 feet Direction: FSL Distance: 754 feet Direction: FWL
As Drilled Latitude: 38.961810 As Drilled Longitude: -108.266060

GPS Data:

Data of Measurement: 07/09/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: DEE SLAUGH

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/07/2010 13. Date TD: 04/02/2010 14. Date Casing Set or D&A: 04/14/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3856 TVD _____ 17 Plug Back Total Depth MD 3075 TVD _____18. Elevations GR 5818 KB 5824

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, MUD, NEU/DEN, PHOTO DEN, TRIPLE COMBO

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 20 | 16 | | | | | | | |
| SURF | 12+1/4 | 9+5/8 | | 0 | 501 | 200 | 0 | 501 | CALC |
| 1ST | 8+3/4 | 7 | | 0 | 3,020 | 290 | 2,682 | 3,020 | CALC |
| 2ND | 8+3/8 | 4+1/2 | | 0 | 3,690 | 230 | 2,682 | 3,690 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| MANCOS | 0 | 2,768 | <input type="checkbox"/> | <input type="checkbox"/> | TIGHT HOLE |
| DAKOTA | 2,768 | 2,870 | <input type="checkbox"/> | <input type="checkbox"/> | TIGHT HOLE |
| CEDAR MOUNTAIN | 2,870 | 2,935 | <input type="checkbox"/> | <input type="checkbox"/> | |
| BRUSHY BASIN | 2,935 | 3,359 | <input type="checkbox"/> | <input type="checkbox"/> | MORRISON, TIGHT HOLE |
| SALT WASH | 3,359 | 3,507 | <input type="checkbox"/> | <input type="checkbox"/> | MORRISON |
| ENTRADA | 3,611 | 3,830 | <input type="checkbox"/> | <input type="checkbox"/> | TIDWELL 3507-3611', TIGHT HOLE |
| CHINLE | 3,830 | 3,856 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment: _____

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

Signed: Y _____ Print Name: DAVID COOK _____

Title: MANAGER _____ Date: 5/27/2010 _____ Email: _____

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nash _____ Director of COGCC _____ Date: 2/21/2011 _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)