

FORM
5

Rev
02/08

State 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:
2511428

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
2. Name of Operator: FRAM OPERATING LLC
3. Address: 30 E PIKES PEAK AVE STE 283
City: COLORADO State: CO Zip: 80903
4. Contact Name: DAVE COOK
Phone: (719) 5938787
Fax: (719) 3141362

5. API Number 05-077-09475-00
6. County: MESA
7. Well Name: MANSUR Well Number: 33-1-K
8. Location: QtrQtr: SENW Section: 33 Township: 12S Range: 97W Meridian: 6
Footage at surface: Distance: 2165 feet Direction: FNL Distance: 2127 feet Direction: FWL
As Drilled Latitude: 38.964560 As Drilled Longitude: -108.242280

GPS Data:
Date of Measurement: 06/17/2010 PDOP Reading: 1.0 GPS Instrument Operator's Name: DEE STAUGH

** If directional footage at Top of Prod. Zone Dist.: 2393 feet. Direction: FNL Dist.: 2157 feet. Direction: FWL
Sec: 33 Twp: 12s Rng: 97w
** If directional footage at Bottom Hole Dist.: 2393 feet. Direction: FNL Dist.: 2157 feet. Direction: FWL
Sec: 33 Twp: 12S Rng: 97W

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) 05/30/2010 13. Date TD: 06/15/2010 14. Date Casing Set or D&A: 06/15/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3601 TVD** 3601 17 Plug Back Total Depth MD 3310 TVD** 3310

18. Elevations GR 6083 KB 6094
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:
DENSITY, NEUTRON, SONIC QUAD COMBO QUICK LOOK, ARRAY INDUCTION-RTAP, SHALLOW FOCUS, GAMMA RAY, CBL, CCL.

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		0	40		0	40	
SURF	12+1/4	9+5/8		0	480	140	480	210	CALC
1ST	8+1/2	5+1/2		0	3,601	270	1,280	3,601	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,005	150	0	1,005

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	3,166	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,166	3,250	<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR MOUNTAIN	3,250	3,260	<input type="checkbox"/>	<input type="checkbox"/>	
BRUSHY BASIN	3,260	3,525	<input type="checkbox"/>	<input type="checkbox"/>	
SALT WASH	3,525	3,601	<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: _____ Print Name: DAVE COOK

Title: GENERAL COUNSEL Date: 7/21/2010 Email: DAVE@FRAMAMERICAS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2072309	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072310	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2072311	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2511428	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	rec logs doc# 1800017-18, waiting on D.S.- permitter, to OK BHL	4/28/2011 12:40:23 PM
Permit	Per HM @ FRAM, this is not a horizontal well, lost fish in hole and kicked off around it, no directional data. Waiting for hard copy logs	4/25/2011 12:44:09 PM
Permit	REC CMT TKTS, D/S; WAITING ON LOGS D/S PROFILE AND PERMITTER TO OK BHL	4/25/2011 8:16:34 AM
Permit	req cmt tkts, hard copy all logs, digital logs, D/S w/profile	4/1/2011 12:40:19 PM

Total: 4 comment(s)