

**FORM
5A**
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



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COMPLETED INTERVAL REPORT

Document Number:

2588838

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>ANDY FENDLEY</u>
2. Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(972) 934-8385</u>
3. Address: <u>14800 LANDMARK BLVD STE #220</u>	Fax: <u>(972) 934-8610</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75254</u>	

5. API Number <u>05-001-09534-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>AMOCO</u>	Well Number: <u>17-32</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>17</u> Township: <u>1S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/11/2008 Date of First Production this formation: _____
Perforations Top: 7999 Bottom: 8016 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

CIBP SET @ 7700 03/16/2011 TO RECOMPLETE THE NIOBRARA. CIBP DRILLED OUT 09/13/2011 AND J SAND RETURNED TO PRODUCTION.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/16/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 50 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 20000

Test Method: flowing Casing PSI: 310 Tubing PSI: 480 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1261 API Gravity Oil: 40

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/20/2011 Date of First Production this formation: _____
Perforations Top: 7320 Bottom: 7404 No. Holes: 132 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC'D WITH 150,000 GAL FRAC FLUID & 229,000# 20/40 FRAC SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/16/2011 Hours: 24 Bbls oil: 2 Mcf Gas: 50 Bbls H2O: 4

Calculated 24 hour rate: _____ Bbls oil: 2 Mcf Gas: 50 Bbls H2O: 4 GOR: 20000

Test Method: FLOW TEST Casing PSI: 310 Tubing PSI: 480 Choke Size: _____

Gas Disposition: SOLD Gas Type: _____ BTU Gas: 1261 API Gravity Oil: 40

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7291 Tbg setting date: 03/25/2011 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

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

Signed: _____ Print Name: ANDY FENDLEY

Attachment Check List

Att Doc Num	Name
2588838	FORM 5A SUBMITTED
2588839	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Data Entry	NIOBRARA FORMATION: CHECK BTU GAS MUST BE ENTERED IF MCF GAS IS FILLED IN; API GRAVITY IS ALSO REQUIRED FIELD IF BBLs OIL IS ENTERED.	10/25/2011 11:16:41 AM

Total: 1 comment(s)