

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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Document Number:

2588838

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: ANDY FENDLEY

2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC

Phone: (972) 934-8385

3. Address: 14800 LANDMARK BLVD STE #220

Fax: (972) 934-8610

City: DALLAS State: TX Zip: 75254

5. API Number 05-001-09534-00

6. County: ADAMS

7. Well Name: AMOCO

Well Number: 17-32

8. Location: QtrQtr: NWSW Section: 17 Township: 1S Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment 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: 4Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 20000Test 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: NIOBRARAStatus: PRODUCINGTreatment 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 &amp; 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: 4Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 50 Bbls H2O: 4 GOR: 20000Test Method: FLOW TEST Casing PSI: 310 Tubing PSI: 480 Choke Size: \_\_\_\_\_Gas Disposition: SOLD Gas Type: \_\_\_\_\_ BTU Gas: 1261 API Gravity Oil: 40Tubing 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

Title: OPERATIONS ENGINEER

Date: 9/23/2011

Email: AFENDLEY@FOUNDATIONENERGY.COM

**Attachment Check List**

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

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
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)