

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:

2287166

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: 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: DAVID COOK
Phone: (719) 355-1320
Fax: (719) 314-1362

5. API Number 05-077-08940-00
6. County: MESA
7. Well Name: WHITING Well Number: 35-2
8. Location: QtrQtr: NESE Section: 35 Township: 2S Range: 2E Meridian: U
9. Field Name: WHITEWATER Field Code: 92840

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED
Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 1380 Bottom: 1505 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒
none

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/28/2010 Hours: 4 Bbls oil: 0 Mcf Gas: 12 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 72 Bbls H2O: 0 GOR: 0
Test Method: chart meter Casing PSI: 40 Tubing PSI: 40 Choke Size: 8/64
Gas Disposition: _____ Gas Type: WET BTU Gas: 1001 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 1380 Tbg setting date: 04/28/2010 Packer Depth: _____

Reason for Non-Production:

LOW GAS PRICES, NO PIPELINE

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: DAVID COOK

Title: MANAGER Date: 1/24/2012 Email: DAVE@FRAMAMERICAS.COM

Attachment Check List

Att Doc Num	Name
2287166	FORM 5A SUBMITTED
2287167	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	GAS DISPOSITION DOES NOT OFFER "SHUT IN" ON ITS PULL DOWN.	2/27/2012 2:09:51 PM

Total: 1 comment(s)