

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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: 6 SOUTH TEJON STREET #400  
City: COLORADO State: CO Zip: 80903  
4. Contact Name: David Cook  
Phone: (719) 355-1320  
Fax: (719) 314-1362  
Email: dave@framamericas.com

5. API Number 05-077-10217-00  
6. County: MESA  
7. Well Name: Mansur  
Well Number: 33-4-D  
8. Location: QtrQtr: SENE Section: 33 Township: 12S Range: 97W Meridian: 6  
9. Field Name: WHITEWATER Field Code: 92840

Completed Interval

FORMATION: DAKOTA Status: N/A Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 3528 Bottom: 3538 No. Holes: 60 Hole size: 3 + 1/8  
Provide a brief summary of the formation treatment: Open Hole: ☒  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:  
Reason for Non-Production: Dry Hole  
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

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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: \_\_\_\_\_ Email dave@framamericas.com  
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### Attachment Check List

Att Doc Num      Name

400713756	WELLBORE DIAGRAM
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Total Attach: 1 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)