

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400643872

Date Received:

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

OGCC Operator Number: 10310

Contact Name: David Cook

Name of Operator: FRAM OPERATING LLC

Phone: (719) 355-1320

Address: 6 SOUTH TEJON STREET #400

Fax: (719) 314-1362

City: COLORADO State: CO Zip: 80903

API Number 05-077-10217-00

County: MESA

Well Name: Mansur

Well Number: 33-4-D

Location: QtrQtr: SENE Section: 33 Township: 12S Range: 97W Meridian: 6

Footage at surface: Distance: 1838 feet Direction: FNL Distance: 611 feet Direction: FEL

As Drilled Latitude: 38.965490 As Drilled Longitude: -108.233480

GPS Data:

Date of Measurement: 03/28/2014 PDOP Reading: 2.6 GPS Instrument Operator's Name: Andrue Floyd

** If directional footage at Top of Prod. Zone Dist.: 112 feet. Direction: FNL Dist.: 385 feet. Direction: FWL

Sec: 33 Twp: 12S Rng: 97W

** If directional footage at Bottom Hole Dist.: 112 feet. Direction: FNL Dist.: 385 feet. Direction: FWL

Sec: 33 Twp: 12S Rng: 97W

Field Name: WHITEWATER

Field Number: 92840

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/06/2014 Date TD: 06/17/2014 Date Casing Set or D&A: 06/07/2014

Rig Release Date: 06/18/2014 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 3460 TVD** 3419 Plug Back Total Depth MD 950 TVD** 950

Elevations GR 6224 KB 6224 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL, Gamma

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	14	40	0	40	60	0	40	CALC
SURF	12+1/4	9+5/8	36	0	486	110	0	486	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MANCOS	0	3,450			
DAKOTA	3,450				

Comment:

Footage of Top of the Producing zone was not calculated on the Final Direction Survey. The Final Survey for API 0771021701 does have the correct value for the footage at the top of the producing zone.

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

Attachment Check List

Att Doc Num	Document Name	attached ?	
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Attachment Checklist

400645961	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400765442	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Other Attachments

400643872	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400643874	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400645963	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)