

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-077-09473-02 6. County: MESA 7. Well Name: MANSUR Well Number: 33-1-G 8. Location: QtrQtr: LOT 6 Section: 33 Township: 12S Range: 97W Meridian: 6 9. Field Name: WHITEWATER Field Code: 92840

Completed Interval

FORMATION: DAKOTA-CEDAR MOUNTAIN Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB

Treatment Date: 07/09/2011 End Date: 07/09/2011 Date of First Production this formation: 07/09/2011

Perforations Top: 3760 Bottom: 4040 No. Holes: 201 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: []

1500 gal 7 1/2% HCl and 210 bio balls, flush with 20 bbl water.400

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 56 Max pressure during treatment (psi): 3163 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): 36 Number of staged intervals: 2 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 20 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/11/2011 Hours: 13 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 18 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 33 GOR: 0 Test Method: Swab Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Wet

Date formation Abandoned: 07/16/2011 Squeeze: [X] Yes [] No If yes, number of sacks cmt 25

** Bridge Plug Depth: 3735 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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: 1/30/2015 Email: Dave@framamericas.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2189179	CEMENT JOB SUMMARY SQUEEZE PERFS AT 3710'.
400784184	FORM 5A SUBMITTED
400784222	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Suffix problem fixed. OK.	2/11/2015 7:13:39 AM
Permit	Pending by Yishin because of -02 suffix.	2/9/2015 2:00:01 PM
Permit	Passes Permitting: Operator has supplied cement job summary.	2/9/2015 10:15:43 AM
Permit	PENDING: OK except for cement job summary for squeeze work into squeeze holes at 3700'.	2/5/2015 1:50:05 PM

Total: 4 comment(s)