

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400784224 Date Received: 01/30/2015

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) 3551320 Fax: (719) 3141362 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 Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: End Date: Date of First Production this formation: Perforations Top: 3432 Bottom: 3500 No. Holes: 105 Hole size: 3/8

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

Acid Job was reported in the Lower Dakota perf. This was submitted simultaneously.

This formation is commingled with another formation: [] Yes [X] 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: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/18/2011 Hours: 9 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 97 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 97 GOR: 0 Test Method: Swab Casing PSI: 0 Tubing PSI: 0 Choke Size: 0 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: 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:

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> |
|--------------------|-----------------------------|
| 2189180 | ACID JOB DAKOTA |
| 2189181 | WELLBORE DIAGRAM CURRENT |
| 400784224 | FORM 5A SUBMITTED |

Total Attach: 3 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|-------------------------|
| Permit | Passes Permitting: Opr supplies requested information. Suffix problem solved. OK. 2/11/15. | 2/9/2015 10:28:25 AM |
| Permit | PENDING:Requested more info on acid job volumes, dates, etc. Also asked for cmt report on squeeze into holes at 3700'. | 2/3/2015 1:48:00 PM |

Total: 2 comment(s)