FORM 5A

Rev 06/12

## State of Colorado Oil and Gas Conservation Commission

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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:	10112			4. Conta	act Name:	Adam Johnson	
2. Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC Phone: (918) 526-5505  3. Address: 5057 KELLER SPRINGS RD STE 650 Fax: (918) 585-1660					_		
			750	Fax	,	5-1660 y@foundationenei	
City: ADDISON	State:	TX Zi	p: 7500		regulator	y @ roundationeries	
5. API Number 05-125-08	931-00			6. Co	unty: YUMA	A	
7. Well Name: SHAY				Well	Number: 23	3-7	
8. Location: QtrQtr: NE	SW Section	n: <u>7</u>	Township	: <u>2S</u> Ra	nge: 43W	Meridian	:6
9. Field Name: BEECHER	ISLAND	Fi	eld Code	5997			
		Com	pleted	<u>Interval</u>			
FORMATION: NIOBRARA		Status: PF	•		Treatm	ent Type: FRACTU	RE STIMULATION
Treatment Date: 12/14/20	)17 En	 d Date: 12/14	1/2017	Date of Firs	— st Production	n this formation:	01/06/2005
Perforations Top:	1584 Bo	ttom: 1606		No. Holes: 24	H	Hole size: 17/50	0
Provide a brief summary of the	ne formation treatm	ent:	C	pen Hole: 🔲			
Re-frac'd well with 100,200 I	bs of 16/30 sand, 5	500 gal of 7.5%	HCl acid,	500,000 scf of nitrog	gen, 370 bb	ls of water	
This formation is commingled	I with another form	ation:	Yes	X No			
Total fluid used in trea	Total fluid used in treatment (bbl): 373 Max pressure during treatment (psi): 1050						
Total gas used in treat	Total gas used in treatment (mcf): 500 Fluid density at initial fracture (lbs/gal): 2.50				2.50		
Type of gas used in	n treatment: NITRO	OGEN			Min frac	gradient (psi/ft):	0.75
Total acid used in treatment (bbl): 500			Number of staged intervals: 1				
Recycled water used in trea	ıtment (bbl): 0			Flowb	ack volume	e recovered (bbl):	2
Fresh water used in trea	ıtment (bbl): 370		Dis	sposition method for	flowback: _l	DISPOSAL	
Total proppant used (lbs): 100200			Rule 805 green completion techniques were utilized:				
		Re	ason why	green completion no	ot utilized: _l	PRESSURE	
	Fracture stimu	lations must be	e reporte	d on FracFocus.orզ	]		
Test Information:							
Date: 12/20/2017	Hours: 24	Bbl oil:	0	Mcf Gas:	49	Bbl H2O:	1
Calculated 24 hour rate:	Bbl oil: 0	Mcf Gas:	49	Bbl H2O:	1	GOR:	
Test Method: Flowing		Casing PSI:	96	Tubing PSI:		Choke Size:	01/4
Gas Disposition: SOLD		Gas Type:	DRY	Btu Gas:	996	API Gravity Oil:	
Tubing Size: T	ubing Setting Dept	th:	Tbg s	etting date:		Packer Depth:	
Reason for Non-Production:							
Date formation Abandoned:		Squeeze:	Yes	No If yes,	number of	sacks cmt	
** Bridge Plug Depth:	** Sacks	cement on top:		** Wireline	and Cemer	nt Job Summary m	ust be attached.
				<del>_</del>			

Comment:							
horoby cortify	all atataments made in this	form are to the heat of	multanuladae true correct and e	omplete			
Signed:	ali statements made in tris	from are, to the best of r	my knowledge, true, correct, and c	ompiete.			
	Dagulatan / Managan	Deter	Print Name: Rachel Grant				
TITIE: HSE/F	Regulatory Manager	Date:	Email regulatory@fc	Email regulatory@foundationenergy.com :			
		Attachmen	t Check List				
Att Doc Num	<u>Name</u>		<del></del>				
401516527	NET PRESSURE	CHART					
401516534	WELLBORE DIAC	GRAM					
Total Attach: 2 F	iles						
		General C	<u>Comments</u>				
User Group	<u>Comment</u>			Comment Date			
-				Stamp Upon			
				Approval			
Γotal: 0 comm	ent(s)						

Date Run: 1/17/2018 Doc [#401513998] Well Name: SHAY 23-7