

**FORM**  
**5**Rev  
02/08**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:

400437327

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

1. OGCC Operator Number: 10310

4. Contact Name: David Cook

2. Name of Operator: FRAM OPERATING LLC

Phone: (719) 355-1320

3. Address: 30 E PIKES PEAK AVE STE 283

Fax: (719) 314-1362

City: COLORADO State: CO Zip: 80903

5. API Number 05-077-09474-00

6. County: MESA

7. Well Name: MANSUR

Well Number: 33-1-GST2

8. Location: QtrQtr: SENW Section: 33 Township: 12S Range: 97W Meridian: 6

Footage at surface: Distance: 2197 feet Direction: FNL Distance: 2123 feet Direction: FWL

As Drilled Latitude: 38.964510 As Drilled Longitude: -108.242270

## GPS Data:

Date of Measurement: 02/21/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Dee Slaugh

\*\* If directional footage at Top of Prod. Zone Dist.: 1778 feet. Direction: FNL Dist.: 1883 feet. Direction: FWL

Sec: 33 Twp: 12S Rng: 97W

\*\* If directional footage at Bottom Hole Dist.: 1121 feet. Direction: FNL Dist.: 1427 feet. Direction: FWL

Sec: 33 Twp: 12S Rng: 97W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 73038X

12. Spud Date: (when the 1st bit hit the dirt) 05/28/2011 13. Date TD: 06/28/2011 14. Date Casing Set or D&amp;A: 07/01/2011

## 15. Well Classification:

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

16. Total Depth MD 4266 TVD\*\* 3481 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 6083 KB 6097

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

MWD GR, CBL, CCL, GR

## 20. Casing, Liner and Cement:

**CASING**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	18	16		0	40	4	0	40	
SURF	12+1/4	9+5/8		0	500	150	0	500	CBL
1ST	8+3/4	5+1/2		0	4,265	435	0	4,265	CBL

**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:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MANCOS	11	3,430	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,430	3,980	<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR MOUNTAIN	4,008		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Dave Cook

Title: Manager Date: \_\_\_\_\_ Email: dave@framamericas.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
<u>Other Attachments</u>					
400437696	JPG-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400437698	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400437699	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400437705	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)