

FORM  
5A

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



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Document Number:

400290156

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: 96850 4. Contact Name: Julie Lawson  
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533  
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11754-00 6. County: RIO BLANCO  
7. Well Name: Federal RG Well Number: 532-14-298  
8. Location: QtrQtr: SWNE Section: 14 Township: 2S Range: 98W Meridian: 6  
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING

Treatment Date: 06/29/2011 Date of First Production this formation: 07/03/2011

Perforations Top: 10138 Bottom: 10281 No. Holes: 15 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: ☐

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting 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: \_\_\_\_\_

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 06/27/2011 Date of First Production this formation: 07/03/2011

Perforations Top: 10357 Bottom: 10628 No. Holes: 28 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: ☐

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting 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: \_\_\_\_\_

FORMATION: SEGO Status: PRODUCING

Treatment Date: 06/25/2011 Date of First Production this formation: 07/03/2011

Perforations Top: 10655 Bottom: 11001 No. Holes: 36 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: ☐

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting 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: \_\_\_\_\_

FORMATION: WILLIAMS FORK-ILESStatus: COMMINGLEDTreatment Date: 06/25/2011Date of First Production this formation: 07/03/2011Perforations Top: 7085 Bottom: 11001 No. Holes: 279 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐13997 gal 10% HCL; 1506712# 30/50 Sand; 878024# 100-Mesh Sand; 85499 BBL's Slickwater.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/16/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1479 Bbls H2O: 0Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 2629 Tubing PSI: 2112 Choke Size: 14/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1096 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 10732 Tbg setting date: 07/09/2011 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: FORMATION: WILLIAMS FK-ROLLINS-CAMEOStatus: PRODUCINGTreatment Date: 06/29/2011Date of First Production this formation: 07/03/2011Perforations Top: 7085 Bottom: 9847 No. Holes: 200 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date:  Hours:  Bbls oil:  Mcf Gas:  Bbls H2O: Calculated 24 hour rate: Bbls oil:  Mcf Gas:  Bbls H2O:  GOR: Test Method:  Casing PSI:  Tubing PSI:  Choke Size: Gas Disposition:  Gas Type:  BTU Gas:  API Gravity Oil: Tubing Size:  Tubing Setting Depth:  Tbg setting 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: 

Comment:

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

Signed: Print Name: Julie LawsonTitle: Permit Tech II Date:  Email julie.lawson@wpenergy.com

### Attachment Check List

Att Doc Num	Name
400290172	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)