

FORM  
5A

Rev  
06/12

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:

400265622

Date Received:

03/27/2012

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

5. API Number 05-045-20488-00  
6. County: GARFIELD  
7. Well Name: Williams  
Well Number: SG 531-27  
8. Location: QtrQtr: NENE Section: 27 Township: 7S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: 11/16/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 11/30/2011

Perforations Top: 4348 Bottom: 5378 No. Holes: 80 Hole size: 0.35

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

666005# 30/50 Sand; 13615 BBL's Slickwater (summary).

This formation is commingled with another formation: ☐ Yes ☒ 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: \_\_\_\_\_

Number of staged intervals: \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_

Max frac gradient (psi/ft): \_\_\_\_\_

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: \_\_\_\_\_

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

Test Information:

Date: 01/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1069 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1069 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 668 Tubing PSI: 527 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1061 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5180 Tbg setting date: 11/23/2011 Packer Depth: 4656

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 Lawson

Title: Permit Tech II Date: 3/27/2012 Email julie.lawson@wpenergy.com  
:

### **Attachment Check List**

Att Doc Num	Name
400265622	FORM 5A SUBMITTED
400265646	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Input 24 hour test interval.	6/13/2012 7:48:35 AM
Permit	deleted sxs cement & BP depth on formation tab per oper.'s instructions.	4/2/2012 7:06:29 AM

Total: 2 comment(s)