

FORM  
5ARev  
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



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400282277

Date Received:

05/08/2012

## 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 4. Contact Name: Sandra Salazar  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20148-00 6. County: GARFIELD  
 7. Well Name: Clough Well Number: RWF 323-14  
 8. Location: QtrQtr: LOT6 Section: 14 Township: 6S Range: 94W Meridian: 6  
 9. Field Name: RULISON Field Code: 75400

## Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: \_\_\_\_\_  
 Treatment Date: 06/28/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 07/01/2011  
 Perforations Top: 5336 Bottom: 8308 No. Holes: 169 Hole size: 35

Provide a brief summary of the formation treatment:

Open Hole: ☐

4022 Gals 7 1/2% HCL; 1589366 # 20/40 Sand; 66013 Bbls 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

## Test Information:

Date: 09/30/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1083 Bbl H2O: 0  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1083 Bbl H2O: 0 GOR: 0  
 Test Method: Flowing Casing PSI: 2084 Tubing PSI: 1715 Choke Size: 11/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8010 Tbg setting date: 08/24/2011 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: \_\_\_\_\_

Comment:

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

Signed: \_\_\_\_\_ Print Name: Sandra Salazar

Title: Permit Technician II Date: 5/8/2012 Email Sandra.Salazar@wpenergy.com  
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### **Attachment Check List**

Att Doc Num	Name
400282277	FORM 5A SUBMITTED
400282288	WELLBORE DIAGRAM

Total Attach: 2 Files