

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:

400281844

Date Received:

05/07/2012

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: Sandra Salazar
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-20147-00
6. County: GARFIELD
7. Well Name: Clough
Well Number: RWF 13-14
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: 6367 Bottom: 8369 No. Holes: 149 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

4043 7 1/2% HCL; 1750094 # 20/40 Sand; 57210 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: 1080 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1080 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2027 Tubing PSI: 1762 Choke Size: 11 + 6/4
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1034 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8153 Tbg setting date: 08/26/2011 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: 5/7/2012 Email Sandra.Salazar@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400281844	FORM 5A SUBMITTED
400281892	WELLBORE DIAGRAM

Total Attach: 2 Files