

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



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Document Number:

400283816

Date Received:

05/11/2012

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 05-045-19785-00
6. County: GARFIELD
7. Well Name: Farris
Well Number: RWF 333-31
8. Location: QtrQtr: SESW Section: 31 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: 01/18/2012 End Date: _____ Date of First Production this formation: 01/21/2012
Perforations Top: 6164 Bottom: 8309 No. Holes: 175 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

4250 Gals 7 1/2% HCL; 1068544 #40/70 Sand; 30561 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: 03/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1054 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1054 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1933 Tubing PSI: 1704 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1059 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8079 Tbg setting date: 01/31/2012 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: 5/11/2012 Email: Sandra.Salazar@wpenergy.com
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Attachment Check List

Att Doc Num	Name
400283816	FORM 5A SUBMITTED
400283825	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Input 24 hour gas flow based on test data.	6/26/2012 11:46:31 AM

Total: 1 comment(s)