

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



Table with columns DE, ET, OE, ES

Document Number: 400301806 Date Received: 07/02/2012

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

5. API Number 05-103-11878-00 6. County: RIO BLANCO 7. Well Name: Federal Well Number: RGU 11-36-198 8. Location: QtrQtr: LOT14 Section: 25 Township: 1S Range: 98W Meridian: 6 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/24/2012 End Date: 02/24/2012 Date of First Production this formation: 02/27/2012

Perforations Top: 11621 Bottom: 11640 No. Holes: 6 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: []

343 GAL 10% HCL; 35427# 30/50 SAND; 3182.6# 100-MESH SAND; 2158 BBLS SLICKWATER

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2166 Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: Max frac gradient (psi/ft): 0.65

Total acid used in treatment (bbl): 8 Number of staged intervals: 1

Recycled water used in treatment (bbl): 2158 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE

Total proppant used (lbs): 38609 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/24/2012 End Date: 02/24/2012 Date of First Production this formation: 02/27/2012
Perforations Top: 11779 Bottom: 12089 No. Holes: 32 Hole size: 0.35

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

1443.8 GAL 10% HCL; 164004# 30/50 SAND; 14390.2# 100-MESH SAND; 9802.5 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9836 Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.65

Total acid used in treatment (bbl): 34 Number of staged intervals: 2

Recycled water used in treatment (bbl): 9802 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 178394 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/23/2012 End Date: 02/24/2012 Date of First Production this formation: 02/27/2012
Perforations Top: 12143 Bottom: 12406 No. Holes: 29 Hole size: 0.35

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

1247.6 GAL 10% HCL; 15475# 100-MESH SAND; 170750# 30/50 SAND; 10113 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 10142 Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.53

Total acid used in treatment (bbl): 29 Number of staged intervals: 2

Recycled water used in treatment (bbl): 10113 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 186225 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/25/2012 End Date: 03/11/2012 Date of First Production this formation: 02/27/2012
Perforations Top: 9411 Bottom: 11290 No. Holes: 132 Hole size: 0.35

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

3956 GAL 10% HCL; 833600# 30/50 SAND; 75300# 100-MESH SAND, 49259.8 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 49354 Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.55

Total acid used in treatment (bbl): 94 Number of staged intervals: 6

Recycled water used in treatment (bbl): 49259 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 908900 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK-ILES Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/23/2012 End Date: 03/11/2012 Date of First Production this formation: 02/27/2012
Perforations Top: 9411 Bottom: 12406 No. Holes: 199 Hole size: 0.35

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

6990.4 GAL 10% HCL; 108347# 100-MESH SAND; 1203781# 30/50 SAND; 71333.3 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 71499 Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.53

Total acid used in treatment (bbl): 166 Number of staged intervals: 9

Recycled water used in treatment (bbl): 71333 Flowback volume recovered (bbl): 36660

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1312128 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1374 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1374 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 3126 Tubing PSI: 2418 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11289 Tbg setting date: 03/27/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____
*All flowback water entries are total estimates based on comingled volumes.

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: 7/2/2012 Email: julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Name
400301806	FORM 5A SUBMITTED
400301817	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Off hold Form 5 approved.	7/6/2012 12:40:07 PM
Permit	On Hold pending form 5 approval	7/5/2012 2:48:57 PM

Total: 2 comment(s)