

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:

400309515

Date Received:

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: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax: (303) 629-8272

5. API Number 05-045-20987-00
6. County: GARFIELD
7. Well Name: Jolley Well Number: KP 334-8
8. Location: QtrQtr: SESW Section: 8 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/13/2012</u>		End Date: <u>02/13/2012</u>		Date of First Production this formation: <u>02/13/2012</u>	
Perforations	Top: <u>7214</u>	Bottom: <u>7268</u>	No. Holes: <u>16</u>	Hole size: _____	

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

335 Gals 7 1/2% HCL; 68842#30/50 Sand; 1951 Bbls Slickwater; (Summary)

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
 *All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>2286</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>843.00</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.81</u>
Total acid used in treatment (bbl): <u>335</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>1951</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>68842</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>
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: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/13/2012</u>		End Date: <u>02/18/2012</u>		Date of First Production this formation: <u>02/13/2012</u>	
Perforations	Top: <u>4512</u>	Bottom: <u>7268</u>	No. Holes: <u>222</u>	Hole size: _____	

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

4665 Gals 7 1/2% HCL; 1109000#30/50, 100 mesh 26000 Sand; 31672 Bbls Slickwater; (Summary)

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
 *All flowback water entries are total estimates based on comingled volumes

This formation is comingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>36337</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): <u>4665</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): <u>31672</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): <u>1109000</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/13/2012 End Date: 02/18/2012 Date of First Production this formation: 02/13/2012
Perforations Top: 4512 Bottom: 7268 No. Holes: 238 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

4665 Gals 7 1/2% HCL; 1109000#30/50 100 Mesh 26000 Sand; 31672 Bbls Slickwater; (Summary)

This formation is comingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 38623

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): 0.51

Total acid used in treatment (bbl): 5000

Number of staged intervals: 10

Recycled water used in treatment (bbl): 33623

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1237750

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: SOLD Gas Type: DRY 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.

Comment:

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

*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: Angela Neifert-Kraiser
Title: Regulatory Specialist Date: Email: Angela.Neifert-Kraiser@WPXEnergy.com

Attachment Check List

Att Doc Num	Name
400309518	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
<u> </u>	<u> </u>	<u> </u>

Total: 0 comment(s)