

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:

400315192

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 05-045-20993-00  
6. County: GARFIELD  
7. Well Name: Jolley Well Number: KP 331-17  
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>03/18/2012</u>		End Date: <u>03/18/2012</u>		Date of First Production this formation: <u>03/28/2012</u>	
Perforations	Top: <u>7276</u>	Bottom: <u>7407</u>	No. Holes: <u>21</u>	Hole size: _____	

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

405 Gals 7 1/2% HCL; 100116#40/70 Sand; 2822 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: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>3227</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.74</u>
Total acid used in treatment (bbl): <u>405</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>2822</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>100116</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>03/18/2012</u>		End Date: <u>03/21/2012</u>		Date of First Production this formation: <u>03/28/2012</u>	
Perforations	Top: <u>5437</u>	Bottom: <u>7242</u>	No. Holes: <u>149</u>	Hole size: _____	

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

2595 Gals 7 1/2% HCL; 901384#40/70 Sand; 24230 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 commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>26825</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.58</u>
Total acid used in treatment (bbl): <u>2595</u>	Number of staged intervals: <u>7</u>
Recycled water used in treatment (bbl): <u>24230</u>	Flowback volume recovered (bbl): <u>211</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>901384</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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 03/18/2012 End Date: 03/21/2012 Date of First Production this formation: 03/28/2012  
Perforations Top: 5437 Bottom: 7407 No. Holes: 170 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

3000 Gals 7 1/2% HCL;1001500#40/70 Sand; 27052 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: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 30052

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): 0.58

Total acid used in treatment (bbl): 3000

Number of staged intervals: 7

Recycled water used in treatment (bbl): 27052

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1001500

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 04/24/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 699 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 699 Bbl H2O: 0 GOR: 0  
Test Method: flowing Casing PSI: 533 Tubing PSI: 245 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1191 API Gravity Oil: 0  
Tubing Size: 2 + 2/3 Tubing Setting Depth: 6243 Tbg setting date: 03/29/2012 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:

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
400315281	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)