

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:

400311443

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: Howard Harris
Phone: (303) 606-4086
Fax: (303) 629-8268

5. API Number 05-045-20742-00
6. County: GARFIELD
7. Well Name: Hoeppli
Well Number: RWF 42-36
8. Location: QtrQtr: SWNE Section: 36 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

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

Treatment Date: 01/16/2012 End Date: 02/03/2012 Date of First Production this formation: 01/22/2012

Perforations Top: 6908 Bottom: 8882 No. Holes: 127 Hole size: 35/100

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

4110 Gal 7 1/2% HCL; 193100# 100 mesh and 618500# 20/40 sand (811600# total); 22137 bbl slickwater (Summary)
All flowback water entries are estimates based on commingled volumes
as drilled GPS information provided is actual data of the existing well conductor location prior to big rig spud date

SICP = 0psi

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

Total fluid used in treatment (bbl): 22234 Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 98 Number of staged intervals: 6

Recycled water used in treatment (bbl): 22137 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 811600 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1022 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1022 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 958 Tubing PSI: 698 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1123 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8659 Tbg setting date: 02/13/2012 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 estimates based on commingled volumes.
as drilled GPS information provided is actual data of the existing well conductor location prior to big rig spud date.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Howard Harris

Title: Sr. Regulatory Specialist Date: _____ Email: Howard.Harris@wpenergy.com

Attachment Check List

Att Doc Num	Name
400315428	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)