

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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08/15/2012

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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-103-11864-00
6. County: RIO BLANCO
7. Well Name: Federal
Well Number: RGU 42-25-198
8. Location: QtrQtr: LOT7 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: 05/04/2012 End Date: 05/04/2012 Date of First Production this formation: 05/07/2012
Perforations Top: 12027 Bottom: 12046 No. Holes: 5 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: ☐
99.6 GAL 10% HCL; 30750# 30/50 SAND; 5375# 100-MESH SAND; 1285.8 BBLS SLICKWATER
This formation is commingled with another formation: ☒ Yes ☐ No
Total fluid used in treatment (bbl): 1288 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): 0.69
Total acid used in treatment (bbl): 2 Number of staged intervals: 1
Recycled water used in treatment (bbl): 1285 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 36125 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: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/04/2012</u>		End Date: <u>05/04/2012</u>		Date of First Production this formation: <u>05/07/2012</u>	
Perforations	Top: <u>12065</u>	Bottom: <u>12403</u>	No. Holes: <u>36</u>	Hole size: <u>0.36</u>	

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

648.3 GAL 10% HCL; 169607# 30/50 SAND; 31482# 100-MESH SAND 7105.4 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>7120</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>0.59</u>
Total acid used in treatment (bbl): <u>15</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>7105</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>201089</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>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/03/2012</u>		End Date: <u>05/04/2012</u>		Date of First Production this formation: <u>05/07/2012</u>	
Perforations	Top: <u>12430</u>	Bottom: <u>12600</u>	No. Holes: <u>34</u>	Hole size: <u>0.35</u>	

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

646.8 GAL 10% HCL; 154642.8# 30/50 SAND; 27642.8# 100-MESH SAND; 6455.2 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>6470</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>0.59</u>
Total acid used in treatment (bbl): <u>15</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>6455</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>182285</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>05/05/2012</u>		End Date: <u>05/06/2012</u>		Date of First Production this formation: <u>05/07/2012</u>	
Perforations	Top: <u>10137</u>	Bottom: <u>11599</u>	No. Holes: <u>118</u>	Hole size: <u>0.35</u>	

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

2538 GAL 10% HCL; 624000# 30/50 SAND; 70600# 100-MESH SAND; 24973.6 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>25034</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>0.59</u>
Total acid used in treatment (bbl): <u>60</u>	Number of staged intervals: <u>5</u>
Recycled water used in treatment (bbl): <u>24973</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>694600</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: 05/03/2012 End Date: 05/06/2012 Date of First Production this formation: 05/07/2012
Perforations Top: 10137 Bottom: 12600 No. Holes: 193 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

3932.7 GAL 10% HCL; 978999.8# 30/50 SAND; 135099.8# 100-MESH SAND; 39820 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 39913

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): 0.59

Total acid used in treatment (bbl): 93

Number of staged intervals: 8

Recycled water used in treatment (bbl): 39820

Flowback volume recovered (bbl): 16179

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1114099

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1949 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1949 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 2061 Tubing PSI: 1530 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1157 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 12180 Tbg setting date: 05/21/2012 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: 8/15/2012 Email julie.lawson@wpenergy.com

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Attachment Check List

Att Doc Num	Name
400315885	FORM 5A SUBMITTED
400315893	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)