

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

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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 05-103-11860-00 6. County: RIO BLANCO 7. Well Name: Federal Well Number: RGU 442-25-198 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: 04/27/2012 End Date: 04/27/2012 Date of First Production this formation: 04/28/2012 Perforations Top: 11977 Bottom: 11978 No. Holes: 3 Hole size: 0.35

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

83.3 GAL 10% HCL; 14750# 30/50 SAND; 2583.3# 100-MESH SAND; 648 BBLs SLICKWATER

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

Total fluid used in treatment (bbl): 650 Max pressure during treatment (psi): Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Max frac gradient (psi/ft): 0.68 Total acid used in treatment (bbl): 2 Number of staged intervals: 1 Recycled water used in treatment (bbl): 648 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 17333 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: 04/26/2012 End Date: 04/27/2012 Date of First Production this formation: 04/28/2012
Perforations Top: 12005 Bottom: 12334 No. Holes: 33 Hole size: 0.35

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

772.5 GAL 10% HCL; 132083.2# 30/50 SAND; 23583.3# 100-MESH SAND 5824.3 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5842 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): 0.66

Total acid used in treatment (bbl): 18 Number of staged intervals: 2

Recycled water used in treatment (bbl): 5824 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 155666 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: 04/25/2012 End Date: 04/26/2012 Date of First Production this formation: 04/28/2012

Perforations Top: 12355 Bottom: 12691 No. Holes: 52 Hole size: 0.35

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

1189 GAL 10% HCL; 217166.6# 30/50 SAND; 39833.4# 100-MESH SAND 10016.2 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 10044 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): 0.61

Total acid used in treatment (bbl): 28 Number of staged intervals: 3

Recycled water used in treatment (bbl): 10016 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 257000 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: 04/27/2012 End Date: 04/28/2012 Date of First Production this formation: 04/28/2012
Perforations Top: 10036 Bottom: 11541 No. Holes: 113 Hole size: 0.35

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

2510 GAL 10% HCL; 526600# 30/50 SAND; 93500# 100-MESH SAND; 22439 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 22498 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): 59 Number of staged intervals: 5

Recycled water used in treatment (bbl): 22439 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 620100 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/25/2012 End Date: 04/28/2012 Date of First Production this formation: 04/28/2012
Perforations Top: 10036 Bottom: 12691 No. Holes: 201 Hole size: 0.35

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

4554.8 GAL 10% HCL; 890599.8# 30/50 SAND; 159500# 100-MESH SAND 38927.5 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 39036 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): 108 Number of staged intervals: 9

Recycled water used in treatment (bbl): 38927 Flowback volume recovered (bbl): 22449

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

Total proppant used (lbs): 1050099 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: 2048 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2048 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2176 Tubing PSI: 1566 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1158 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12231 Tbg setting date: 05/16/2012 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: 8/16/2012 Email julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Name
400316844	FORM 5A SUBMITTED
400316872	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

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