

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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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 05-045-20912-00
6. County: GARFIELD
7. Well Name: Federal Well Number: GM 743-4
8. Location: QtrQtr: NESE Section: 4 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/11/2012 End Date: 07/10/2012 Date of First Production this formation: 11/23/2011

Perforations Top: 10390 Bottom: 10970 No. Holes: 88 Hole size: _____

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

10000 Gals 7 1/2% HCL; 69582 100Mesh; 11500 #20/40; 280738 30/50; 225341 #40/70 Sand; 25666 Bbls Slickwater; (Summary)
This is update to previous form 5 due to Re-Frac
CIBP at 11150' w/23 sks cmt due to DFIT results. see wellbore.
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: Yes No

Total fluid used in treatment (bbl): 25904 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): _____

Total acid used in treatment (bbl): 238 Number of staged intervals: 4

Recycled water used in treatment (bbl): 25666 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 587161 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 610 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 610 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 552 Tubing PSI: 250 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1090 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10525 Tbg setting date: 07/13/2012 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 11210 ** Sacks cement on top: 23 ** Wireline and Cement Job Summary must be attached.

Comment:

Updated form 5A for some recent refracing on this well

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@wpenergy.com

Attachment Check List

Att Doc Num	Name
400320026	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)