

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:

2288114

Date Received:

04/02/2012

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: 96705	4. Contact Name: BEN MITCHELL
2. Name of Operator: WPX ENERGY PRODUCTION LLC	Phone: (505) 333-1806
3. Address: P O BOX 3102 MS-25-2	Fax: (505) 333-1805
City: TULSA State: OK Zip: 74101	

5. API Number 05-067-07949-00	6. County: LA PLATA
7. Well Name: Bondad 33-10	Well Number: 27
8. Location: QtrQtr: NWNE Section: 12 Township: 33N Range: 10W Meridian: N	
9. Field Name: IGNACIO BLANCO	Field Code: 38300

Completed Interval

FORMATION: MANCOS Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/31/2012
Perforations Top: 6200 Bottom: 6650 No. Holes: 72 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

MANCOS 1ST STAGE - 6550' - 6650' - 30, .34" HOLES. FRAC WITH 7,500# 100 MESH FOLLOWED WITH 138,200# OF 40/70 PSA.
MANCOS 2ND STAGE - 6200' - 6460' - 36, .34" HOLES. D-FIT ONLY. NO FRAC TREATMENT.

THIS FORMATION IS COMMINGLE WITH ANOTHER FORMATION - MESAVERDE AND DAKOTA

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/09/2012 Hours: 24 Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 223 Bbl H2O: 6 GOR: 0
Test Method: ORIFICE Casing PSI: _____ Tubing PSI: 370 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: _____ API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7519 Tbg setting date: 02/29/2012 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:

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

Signed: _____ Print Name: BEN MITCHELL

Title: REGULATORY Date: 3/28/2012 Email: ben.mitchell@wpenergy.com

Attachment Check List

Att Doc Num	Name
2288114	FORM 5A SUBMITTED
2288115	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)