

**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



DE	ET	OE	ES
----	----	----	----

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

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

### 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

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)