

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:  
400307355

Date Received:  
07/19/2012

**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: Sandra Salazar  
Phone: (303) 629-8456  
Fax: (303) 629-8268

5. API Number 05-045-19786-00  
6. County: GARFIELD  
7. Well Name: Farris  
Well Number: RWF 43-31  
8. Location: QtrQtr: SESW Section: 31 Township: 6S Range: 94W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/12/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 12/18/2011

Perforations Top: 6629 Bottom: 8611 No. Holes: 152 Hole size: \_\_\_\_\_

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

3502 Gals 7 1/2% HCL; 1023448 # 40/70 Sand; 30110 Bbls Slickwater (Summary)

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 33612

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): 0.77

Total acid used in treatment (bbl): 3502

Number of staged intervals: 7

Recycled water used in treatment (bbl): 30110

Flowback volume recovered (bbl): 1

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 1023448

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 02/29/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1026 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1026 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1024 Tubing PSI: 736 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1069 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8376 Tbg setting date: 01/07/2012 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 commingled volumes.

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

Signed: \_\_\_\_\_ Print Name: Sandra Salazar

Title: Permit Technician II Date: 7/19/2012 Email: sandra.salazar@wpenergy.com

### Attachment Check List

| Att Doc Num | Name              |
|-------------|-------------------|
| 400307355   | FORM 5A SUBMITTED |
| 400307418   | WELLBORE DIAGRAM  |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)