

FORM
5ARev
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:

2171503

Date Received:

02/08/2011

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 4. Contact Name: ANNIE SMITH
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4363
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8285
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-16239-00 6. County: GARFIELD
 7. Well Name: CHEVRON Well Number: TR 11-33-597
 8. Location: QtrQtr: NENE Section: 32 Township: 5S Range: 97W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____
 Treatment Date: 11/06/2009 End Date: _____ Date of First Production this formation: 12/04/2009
 Perforations Top: 6346 Bottom: 8320 No. Holes: 214 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

7686 GAL 10% HCL ACID, 1031702 # 20/40 SAND, 51663 BBLS SLICKWATER, 232 TONS CO2

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: 12/23/2008 Hours: 24 Bbl oil: 0 Mcf Gas: 1100 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: FLOWING Casing PSI: 1525 Tubing PSI: 1500 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8221 Tbg setting date: 12/02/2008 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: ANNIE SMITH

Title: ENG TECH

Date: 2/8/2011

Email ANNIE.SMITH@WILLIAMS.COM

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Attachment Check List

Att Doc Num	Name
2171503	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
	Originally submitted under wrong api # (045-145-16230).	9/12/2012 9:32:09 AM

Total: 1 comment(s)