

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:

400326140

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 05-045-20692-00  
6. County: GARFIELD  
7. Well Name: Jolley Well Number: KP 11-27  
8. Location: QtrQtr: NENE Section: 28 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/22/2012</u>		End Date: <u>05/22/2012</u>		Date of First Production this formation: <u>05/25/2012</u>	
Perforations	Top: <u>8211</u>	Bottom: <u>8183</u>	No. Holes: <u>17</u>	Hole size: _____	

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

315 Gals 7 1/2% HCL; 104580#30/50 Sand; 3546 Bbls Slickwater; (Summary)

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 comingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>3654</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.82</u>
Total acid used in treatment (bbl): <u>8</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>3546</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>104580</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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

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

**Test Information:**

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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.

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/22/2012</u>		End Date: <u>05/25/2012</u>		Date of First Production this formation: <u>05/25/2012</u>	
Perforations	Top: <u>6106</u>	Bottom: <u>8183</u>	No. Holes: <u>182</u>	Hole size: _____	

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

4185 Gals 7 1/2% HCL; 1258020#30/50, 22000 100 Mesh Sand; 39467 Bbls Slickwater; (Summary)

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 comingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>39567</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): <u>0.60</u>
Total acid used in treatment (bbl): <u>100</u>	Number of staged intervals: <u>8</u>
Recycled water used in treatment (bbl): <u>39467</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1280020</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>
Reason why green completion not utilized: _____	

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

**Test Information:**

Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 05/22/2012 End Date: 05/25/2012 Date of First Production this formation: 05/25/2012  
Perforations Top: 6106 Bottom: 8303 No. Holes: 199 Hole size:           

Provide a brief summary of the formation treatment:

Open Hole: ☐

4500 Gals 7 1/2% HCL; 1362600#30/50, 22000 100 Mesh Sand; 43013 Bbls Slickwater; (Summary)

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.  
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This formation is comingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 43120

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): 0.60

Total acid used in treatment (bbl): 107

Number of staged intervals: 8

Recycled water used in treatment (bbl): 43013

Flowback volume recovered (bbl): 24279

Fresh water used in treatment (bbl):           

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1384600

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:           

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

#### Test Information:

Date: 06/23/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 843 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 843 Bbl H2O: 0 GOR: 0  
Test Method: flowing Casing PSI: 1472 Tubing PSI: 1012 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1185 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7404 Tbg setting date: 05/29/2012 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:

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

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
400326149	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)