

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400331606

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

5. API Number 05-045-20452-00 6. County: GARFIELD 7. Well Name: Savage 8. Location: QtrQtr: SWNW Section: 35 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: 07/06/2012 End Date: Date of First Production this formation: 07/09/2012 Perforations Top: 5742 Bottom: 7752 No. Holes: 131 Hole size: 0.035

Provide a brief summary of the formation treatment: Open Hole: 4100 Gals 10% HCL; 445900 # 30/50 Sand; 396500 100 Mesh; 22735 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): 26835 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: Min frac gradient (psi/ft): 0.82 Total acid used in treatment (bbl): 4100 Number of staged intervals: 6 Recycled water used in treatment (bbl): 22735 Flowback volume recovered (bbl): 1925 Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): 842400 Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/17/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1016 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1016 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 2201 Tubing PSI: 2061 Choke Size: 11/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1085 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7541 Tbg setting date: 07/22/2012 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: \_\_\_\_\_ Email sandra.salazar@wpenergy.com  
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### **Attachment Check List**

Att Doc Num	Name
400331606	FORM 5A SUBMITTED
400331628	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)