

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:

400332637

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 05-045-20992-00
6. County: GARFIELD
7. Well Name: Jolley Well Number: KP 324-8
8. Location: QtrQtr: SESW Section: 8 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

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

Treatment Date: 06/07/2012 End Date: 06/12/2012 Date of First Production this formation: 06/15/2012

Perforations Top: 4502 Bottom: 7098 No. Holes: 197 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

4000 Gals 7 1/2% HCL; 13033300#30/50, 5060 100-MESH Sand; 36929 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 commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 37024

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): 0.49

Total acid used in treatment (bbl): 95

Number of staged intervals: 8

Recycled water used in treatment (bbl): 36929

Flowback volume recovered (bbl): 23010

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1353900

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/06/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 562 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 562 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 988 Tubing PSI: 288 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1165 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6888 Tbg setting date: 06/15/2012 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

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Attachment Check List

Att Doc Num	Name
400332638	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)