

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400334932

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 05-045-20625-00  
6. County: GARFIELD  
7. Well Name: Federal Well Number: KP 14-18  
8. Location: QtrQtr: SWSE Section: 18 Township: 6S Range: 91W Meridian: 6  
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/20/2012</u>		End Date: <u>08/20/2012</u>		Date of First Production this formation: <u>08/20/2012</u>	
Perforations	Top: <u>7968</u>	Bottom: <u>8051</u>	No. Holes: <u>22</u>	Hole size: _____	

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

406 Gals 7 1/2% HCL; 114848#30/50, 19871 100-mesh Sand; 3354 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>3363</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: _____	Min frac gradient (psi/ft): <u>0.79</u>
Total acid used in treatment (bbl): <u>9</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>3354</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>134719</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>08/20/2012</u>		End Date: <u>08/23/2012</u>		Date of First Production this formation: <u>08/20/2012</u>	
Perforations	Top: <u>6054</u>	Bottom: <u>7934</u>	No. Holes: <u>166</u>	Hole size: _____	

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

3577 Gals 7 1/2% HCL; 1193034#30/50, 27944 100-mesh Sand; 32582 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>32667</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: _____	Min frac gradient (psi/ft): <u>0.64</u>
Total acid used in treatment (bbl): <u>85</u>	Number of staged intervals: <u>8</u>
Recycled water used in treatment (bbl): <u>32582</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1220978</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: 08/20/2012 End Date: 08/23/2012 Date of First Production this formation: 08/20/2012  
Perforations Top: 6054 Bottom: 8051 No. Holes: 188 Hole size:           

Provide a brief summary of the formation treatment:

Open Hole: ☐

3983 Gals 7 1/2% HCL; 1307882#30/50, 47815 100 mesh Sand; 35936 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): 36030

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): 0.64

Total acid used in treatment (bbl): 94

Number of staged intervals: 8

Recycled water used in treatment (bbl): 35936

Flowback volume recovered (bbl): 15458

Fresh water used in treatment (bbl):           

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1355697

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:           

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

#### Test Information:

Date: 10/05/2012 Hours: 13 Bbl oil: 0 Mcf Gas: 450 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 831 Bbl H2O: 0 GOR: 0  
Test Method: flowing Casing PSI: 1031 Tubing PSI: 900 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1086 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7444 Tbg setting date: 10/02/2012 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
400334940	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

--	--	--

Total: 0 comment(s)