

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:

400342371

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: Matt Barber
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-103-11897-00
6. County: RIO BLANCO
7. Well Name: Federal
Well Number: RG 414-14-298
8. Location: QtrQtr: SESW Section: 14 Township: 2S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/17/2012 End Date: 07/23/2012 Date of First Production this formation: 07/23/2012

Perforations Top: 10135 Bottom: 10137 No. Holes: 4 Hole size: 0.35

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

93 gals 10% HCL; 13,524# 30/50 Sand; 2,476# 100-Mesh; 609 BBLs Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 611

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): 0.69

Total acid used in treatment (bbl): 2

Number of staged intervals: 1

Recycled water used in treatment (bbl): 609

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 16000

Rule 805 green completion techniques were utilized: ☒

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>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>07/17/2012</u>		End Date: <u>07/23/2012</u>		Date of First Production this formation: <u>07/23/2012</u>	
Perforations	Top: <u>10192</u>	Bottom: <u>10502</u>	No. Holes: <u>40</u>	Hole size: <u>0.35</u>	

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

933 gals 10% HCL; 5,000# 20/40 Sand; 141,088# 30/50 Sand; 26,599# 100-Mesh; 6,440 BBLS Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>6462</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>0.62</u>
Total acid used in treatment (bbl): <u>22</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>6440</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>172687</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>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>07/17/2012</u>		End Date: <u>07/23/2012</u>		Date of First Production this formation: <u>07/23/2012</u>	
Perforations	Top: <u>10517</u>	Bottom: <u>10807</u>	No. Holes: <u>44</u>	Hole size: <u>0.35</u>	

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

956 gals 10% HCL; 200,188# 30/50 Sand; 35,125# 100-Mesh; 8,421 BBLS Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>8444</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>0.62</u>
Total acid used in treatment (bbl): <u>23</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>8421</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>235313</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>07/17/2012</u>		End Date: <u>07/23/2012</u>		Date of First Production this formation: <u>07/23/2012</u>	
Perforations	Top: <u>8335</u>	Bottom: <u>9738</u>	No. Holes: <u>118</u>	Hole size: <u>0.35</u>	

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

2591 gals 10% HCL; 542,541# 30/50 Sand; 32,300# 100-Mesh; 20,463 BBLS Slickwater

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>20524</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>0.59</u>
Total acid used in treatment (bbl): <u>61</u>	Number of staged intervals: <u>5</u>
Recycled water used in treatment (bbl): <u>20463</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>574841</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: 07/17/2012 End Date: 07/23/2012 Date of First Production this formation: 07/23/2012

Perforations Top: 8335 Bottom: 10807 No. Holes: 206 Hole size: 0.35

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

4573 gals 10% HCL; 5,000# 20/40; 897,341# 30/50 Sand; 96,500# 100-Mesh; 35,934 BBLS Slickwater

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 36043 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): 0.62

Total acid used in treatment (bbl): 109 Number of staged intervals: 10

Recycled water used in treatment (bbl): 35934 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE

Total proppant used (lbs): 998841 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/30/2012 Hours: 24 Bbl oil: _____ Mcf Gas: 1642 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 1642 Bbl H2O: _____ GOR: _____

Test Method: Flowing Casing PSI: 2024 Tubing PSI: 1451 Choke Size: 17/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1087 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10442 Tbg setting date: 08/20/2012 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Matt Barber

Title: Sr. Regulatory Specialist Date: _____ Email: matt.barber@wpxenrgy.com

Attachment Check List

Att Doc Num	Name
400342382	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)