

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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09/11/2012

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: <u>96850</u>	4. Contact Name: <u>Angela Neifert-Kraiser</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 606-4398</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8272</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-20706-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Jolley</u>	Well Number: <u>KP 43-21</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>28</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/14/2012 End Date: 05/14/2012 Date of First Production this formation: 05/18/2012

Perforations Top: 8774 Bottom: 8888 No. Holes: 18 Hole size: _____

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

375 Gals 7 1/2% HCL; 120675#30/50 Sand; 3089 Bbls Slickwater; (Summary)

*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): 3098 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): 0.77

Total acid used in treatment (bbl): 9 Number of staged intervals: 1

Recycled water used in treatment (bbl): 3089 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 120675 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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/14/2012 End Date: 05/17/2012 Date of First Production this formation: 05/18/2012

Perforations Top: 6524 Bottom: 8754 No. Holes: 161 Hole size: _____

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

4125 Gals 7 1/2% HCL; 1264825#30/50 Sand; 38515 Bbls Slickwater; (Summary)
*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): 38613 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): 0.53

Total acid used in treatment (bbl): 98 Number of staged intervals: 8

Recycled water used in treatment (bbl): 38613 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1264825 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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/14/2012 End Date: 05/17/2012 Date of First Production this formation: 05/18/2012
Perforations Top: 6524 Bottom: 8888 No. Holes: 179 Hole size: _____

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

4500 Gals 7 1/2% HCL; 1385500#30/50 Sand; 41604 Bbls Slickwater; (Summary)
*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): 41711 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): 0.53
Total acid used in treatment (bbl): 107 Number of staged intervals: 8
Recycled water used in treatment (bbl): 41604 Flowback volume recovered (bbl): 19807
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1385500 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: 1313 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1313 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1164 Tubing PSI: 782 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1140 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8177 Tbg setting date: 05/17/2012 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 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: 9/11/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400325841	FORM 5A SUBMITTED
400325842	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)