

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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400299516

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06/25/2012

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: 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 05-045-20433-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: PA 341-29
8. Location: QtrQtr: NWNW Section: 28 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 12/10/2011 End Date: 12/29/2011 Date of First Production this formation: 12/11/2011

Perforations Top: 5991 Bottom: 8056 No. Holes: 177 Hole size: _____

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

3519 Gals 7 1/2% HCL;912800# 40/70 Sand; 25925 Bbls Slickwater; (Summary)

*All flowback water entries are total estimates based on comingled volumes.

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

This formation is comingled with another formation: Yes No

Total fluid used in treatment (bbl): 29444

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): 0.63

Total acid used in treatment (bbl): 84

Number of staged intervals: 7

Recycled water used in treatment (bbl): 25528

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 912800

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/29/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1096 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1096 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1064 Tubing PSI: 806 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1074 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7849 Tbg setting date: 01/06/2012 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: 6/25/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400299516	FORM 5A SUBMITTED
400299517	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	off hold	11/13/2012 7:31:47 AM
Permit	On hold pending form 5 approval. Form 5 now approved. 10/17/12. Changed gal acid to bbl acid.	7/13/2012 10:50:57 AM

Total: 2 comment(s)