

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:

400299902

Date Received:

06/26/2012

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 05-045-20431-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: PA 41-29
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: 12/30/2012 Date of First Production this formation: 12/11/2011

Perforations Top: 5913 Bottom: 8084 No. Holes: 158 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☐

4033 Gals 7 1/2% HCL; 889300# 40/70 Sand; 25705 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): 29738

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): 0.66

Total acid used in treatment (bbl): 96

Number of staged intervals: 7

Recycled water used in treatment (bbl): 25705

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 889300

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: 1115 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1115 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1152 Tubing PSI: 772 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7843 Tbg setting date: 01/10/2012 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: 6/26/2012 Email: angela.neifert-kraiser@wpenergy.com

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Attachment Check List

Att Doc Num	Name
400299902	FORM 5A SUBMITTED
400299906	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold	11/13/2012 7:34:42 AM
Permit	On hold pending form 5 approval. permit portion of Form 5 approved 10/17/12. dhs	7/13/2012 10:54:16 AM

Total: 2 comment(s)