

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

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Date Received:

09/26/2012

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

5. API Number 05-103-11863-00
6. County: RIO BLANCO
7. Well Name: Federal
Well Number: RGU 422-25-198
8. Location: QtrQtr: LOT7 Section: 25 Township: 1S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/18/2012 End Date: 05/21/2012 Date of First Production this formation: 05/23/2012

Perforations Top: 11985 Bottom: 11986 No. Holes: 3 Hole size: 0.35

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

62 gasl 7.5% HCL; 2,252# 100-MESH; 12,819# 30/50 Sand; 701 BBLs Slickwater

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

Total fluid used in treatment (bbl): 702

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): 1

Number of staged intervals: 1

Recycled water used in treatment (bbl): 701

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 15071

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>05/18/2012</u>		End Date: <u>05/21/2012</u>		Date of First Production this formation: <u>05/23/2012</u>	
Perforations	Top: <u>12045</u>	Bottom: <u>12330</u>	No. Holes: <u>28</u>	Hole size: <u>0.35</u>	

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

579 gals 7.5% HCL; 20,481# 100-MESH; 124,398# 30/50 Sand; 6,287 BBLS Slickwater

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

Total fluid used in treatment (bbl): <u>6301</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>14</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>6287</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>144879</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>05/18/2012</u>		End Date: <u>05/21/2012</u>		Date of First Production this formation: <u>05/23/2012</u>	
Perforations	Top: <u>12368</u>	Bottom: <u>12685</u>	No. Holes: <u>40</u>	Hole size: <u>0.35</u>	

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

857 gals 7.5% HCL; 35,759# 100-MESH; 223,071# 30/50 Sand; 9,126 BBLS Slickwater

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

Total fluid used in treatment (bbl): <u>9146</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>20</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>9126</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>258830</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>05/18/2012</u>		End Date: <u>05/21/2012</u>		Date of First Production this formation: <u>05/23/2012</u>	
Perforations	Top: <u>10253</u>	Bottom: <u>11570</u>	No. Holes: <u>136</u>	Hole size: <u>0.35</u>	

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

3,000 gals 7.5% HCL; 35,744# 100-MESH; 654,579# 30/50 Sand; 25,092 BBLS Slickwater

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

Total fluid used in treatment (bbl): <u>25163</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>0.60</u>
Total acid used in treatment (bbl): <u>71</u>	Number of staged intervals: <u>6</u>
Recycled water used in treatment (bbl): <u>25092</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>690323</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: 05/18/2012 End Date: 05/21/2012 Date of First Production this formation: 05/23/2012

Perforations Top: 10253 Bottom: 12685 No. Holes: 207 Hole size: 0.35

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

4,498 gals HCL; 94,236# 100-MESH; 1,014,867# 30/50 Sand; 41,207 BBLs Slickwater

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

Total fluid used in treatment (bbl): 41314 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): 0.59

Total acid used in treatment (bbl): 107 Number of staged intervals: 11

Recycled water used in treatment (bbl): 41207 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1109103 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2012 Hours: 24 Bbl oil: _____ Mcf Gas: 2040 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 2040 Bbl H2O: _____ GOR: _____

Test Method: Flowing Casing PSI: 2351 Tubing PSI: 1673 Choke Size: 17/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12277 Tbg setting date: 06/12/2012 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: 9/26/2012 Email: matt.barber@wpenergy.com

Attachment Check List

Att Doc Num	Name
400330748	FORM 5A SUBMITTED
400330782	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

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