

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:

400348874

Date Received:

11/20/2012

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 05-045-20702-00  
6. County: GARFIELD  
7. Well Name: Jolley  
Well Number: KP 41-28  
8. Location: QtrQtr: NENE Section: 28 Township: 6S Range: 91W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/26/2012 End Date: 01/26/2012 Date of First Production this formation: 01/31/2012

Perforations Top: 8059 Bottom: 8215 No. Holes: 21 Hole size:

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

390 Gals 7 1/2% HCL; 124800#30/50 Sand; 3737 Bbls Slickwater; (Summary)

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

Total fluid used in treatment (bbl): 3747

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): 0.90

Total acid used in treatment (bbl): 10

Number of staged intervals: 1

Recycled water used in treatment (bbl): 3737

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 124800

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>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>01/26/2012</u>		End Date: <u>01/28/2012</u>		Date of First Production this formation: <u>01/31/2012</u>	
Perforations	Top: <u>5695</u>	Bottom: <u>8017</u>	No. Holes: <u>204</u>	Hole size: _____	

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

4110 Gals 7 1/2% HCL; 1302214#30/50, 3500 100-mesh Sand; 38928 Bbls Slickwater; (Summary)

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

Total fluid used in treatment (bbl): <u>39026</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): _____
Total acid used in treatment (bbl): <u>97</u>	Number of staged intervals: <u>8</u>
Recycled water used in treatment (bbl): <u>38928</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1305714</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: 01/26/2012 End Date: 01/28/2012 Date of First Production this formation: 01/31/2012

Perforations Top: 5695 Bottom: 8215 No. Holes: 225 Hole size:

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

4500 Gals 7 1/2% HCL; 1427014#30/50, 3500 100mesh Sand; 42666 Bbls Slickwater; (Summary)

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

Total fluid used in treatment (bbl): 42773 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):

Total acid used in treatment (bbl): 107 Number of staged intervals: 8

Recycled water used in treatment (bbl): 42666 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 1430514 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: 1234 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1234 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1265 Tubing PSI: 975 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1123 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7003 Tbg setting date: 02/01/2012 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: Angela Neifert-Kraiser Print Name: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: 11/20/2012 Email: angela.neifert-kraiser@wpenergy.com

**Attachment Check List**

Att Doc Num	Name
400348874	FORM 5A SUBMITTED
400348891	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)