

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-20629-00 6. County: GARFIELD 7. Well Name: Federal 8. Location: QtrQtr: SWSE Section: 18 Township: 6S Range: 91W Meridian: 6 9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/17/2012 End Date: 09/17/2012 Date of First Production this formation: 09/17/2012 Perforations Top: 7950 Bottom: 8032 No. Holes: 20 Hole size:

Provide a brief summary of the formation treatment: Open Hole: 408 Gals 7 1/2% HCL; 114660#30/50, 35070 100-mesh Sand; 4000 Bbls Slickwater; (Summary)

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 4010 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): 0.86 Total acid used in treatment (bbl): 10 Number of staged intervals: 1 Recycled water used in treatment (bbl): 4000 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 149730 Rule 805 green completion techniques were utilized: [X] 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: 09/17/2012 End Date: 09/20/2012 Date of First Production this formation: 09/17/2012

Perforations Top: 6234 Bottom: 7922 No. Holes: 171 Hole size: _____

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

3605 Gals 7 1/2% HCL; 966638#30/50, 40930 100-mesh Sand; 27585 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 27671 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): 0.67

Total acid used in treatment (bbl): 85 Number of staged intervals: 8

Recycled water used in treatment (bbl): 27586 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1007568 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: 09/17/2012 End Date: 09/20/2012 Date of First Production this formation: 09/17/2012
Perforations Top: 6234 Bottom: 8032 No. Holes: 191 Hole size: _____

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

4013 Gals 7 1/2% HCL; 1081298#30/50, 76000 100-mesh Sand; 31586 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 31682 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): 0.67

Total acid used in treatment (bbl): 95 Number of staged intervals: 8

Recycled water used in treatment (bbl): 31586 Flowback volume recovered (bbl): 19231

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

Total proppant used (lbs): 1157298 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 962 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 962 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1476 Tubing PSI: 1020 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1140 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7481 Tbg setting date: 10/17/2012 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:
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: 11/20/2012 Email angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400348665	FORM 5A SUBMITTED
400348693	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Off hold; added BTU	1/2/2013 7:38:40 AM
Permit	ON HOLD: pending BTU content of produced gas.	12/5/2012 7:28:45 AM

Total: 2 comment(s)