

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:

400385426

Date Received:

02/26/2013

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 05-045-16267-00
6. County: GARFIELD
7. Well Name: KOKOPELLI FED
Well Number: 18-315D
8. Location: QtrQtr: SWSE Section: 18 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: COZZETTE Status: ABANDONED WELLBORE/COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2010 End Date: 12/15/2010 Date of First Production this formation:
Perforations Top: 7539 Bottom: 7610 No. Holes: 10 Hole size: 35/100

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

This formation was abandoned and information sent in on a subsequent sundry. cleaning up with a Form 5A

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

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

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

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

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

Total proppant used (lbs): 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: plugged

Date formation Abandoned: 12/15/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 7500 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: ABANDONED WELLBORE/COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2010 End Date: 12/15/2010 Date of First Production this formation: _____
Perforations Top: 7788 Bottom: 7839 No. Holes: 18 Hole size: 35/100

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

cleaning up old data a subsequent sundry was sent in and now cleaning up with a form 5A

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

Total proppant used (lbs): _____ 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: plugged

Date formation Abandoned: 12/15/2010 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7500 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Updated form 5A to correct formation information. Cozzette and Corcoran have been plugged on this well and is now producing only from the Rollins and WFCM

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: 2/26/2013 Email angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400385426	FORM 5A SUBMITTED
400385439	OTHER
400385440	WELLBORE DIAGRAM
400385441	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)