

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:
2486363

Date Received:
04/23/2013

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: MATT BARBER
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-18116-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: PA 542-20
8. Location: QtrQtr: NENE Section: 20 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: 01/24/2011 End Date: 01/24/2011 Date of First Production this formation: 01/26/2011

Perforations Top: 6718 Bottom: 8759 No. Holes: 148 Hole size: 35/100

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

5258 GALS 7 1/2% HCL; 965113# 40/70 SAND; 28815 BBLS SLICKWATER (SUMMARY)

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: 03/17/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1017 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1017 Bbl H2O: GOR: 0

Test Method: FLOWING Casing PSI: 1689 Tubing PSI: 1281 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1067 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8463 Tbg setting date: 03/09/2011 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:

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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 REG SPECIALIST Date: 11/1/2011 Email MATT.BARBER@WILLIAMS.COM
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Attachment Check List

Att Doc Num	Name
2486363	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Corrected form to match submitted form. Part of well file cleanup.	5/8/2013 1:17:53 PM

Total: 1 comment(s)