

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
----	----	----	----

Document Number:

400471488

Date Received:

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: Michele Weybright

Phone: (303) 629-8449

Fax: (303) 629-8268

5. API Number 05-045-21820-00

7. Well Name: Goldsborough

8. Location: QtrQtr: SENW Section: 11 Township: 7S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

6. County: GARFIELD

Well Number: PA 321-11

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/10/2013 End Date: 07/17/2013 Date of First Production this formation: 07/19/2013

Perforations Top: 6223 Bottom: 7966 No. Holes: 143 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

928100# 40/70 Sand; 26919 Bbls Slickwater; (Summary)

*All flowback water entries are total estimates based on commingled volumes.

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

Total fluid used in treatment (bbl): 26919

Max pressure during treatment (psi): 5382

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.62

Total acid used in treatment (bbl): _____

Number of staged intervals: 6

Recycled water used in treatment (bbl): 26919

Flowback volume recovered (bbl): 16363

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 928100

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/18/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 969 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 969 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1731 Tubing PSI: 1259 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1046 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7623 Tbg setting date: 07/24/2013 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: Michele L Weybright

Title: Permit Technician I Date: _____ Email: michele.veybright@wpenergy.com

Attachment Check List

Att Doc Num Name

400471496 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Total: 0 comment(s)