

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: Sandra Salazar Phone: (303) 629-8456 Fax: (303) 629-8268 Email: sandra.salazar@wpxenergy.com

5. API Number 05-103-11806-00 6. County: RIO BLANCO 7. Well Name: Federal Well Number: RGU 21-24-198 8. Location: QtrQtr: Lot 2 Section: 24 Township: 1S Range: 98W Meridian: 6 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/22/2013 End Date: 04/22/2013 Date of First Production this formation: 04/25/2013 Perforations Top: 12117 Bottom: 12463 No. Holes: 26 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [] 500 Gals 10% HCL; 120679 # 40/70 Sand; 8375 # 20/40 Sand; 4499 Bbls Slickwater (Summary)

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 4510 Max pressure during treatment (psi): 4988 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): 0.64 Total acid used in treatment (bbl): 12 Number of staged intervals: 1 Recycled water used in treatment (bbl): 4499 Flowback volume recovered (bbl): 43737 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 129054 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: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/22/2022 End Date: 04/22/2013 Date of First Production this formation: 04/25/2013
Perforations Top: 12509 Bottom: 12789 No. Holes: 51 Hole size: 35/100

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

1000 Gals 10% HCL; 226217# 40/70 Sand; 15750 # 20/40 Sand; 8483 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 8507 Max pressure during treatment (psi): 4988

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): 0.64

Total acid used in treatment (bbl): 24 Number of staged intervals: 2

Recycled water used in treatment (bbl): 8483 Flowback volume recovered (bbl): 43737

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

Total proppant used (lbs): 241967 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 - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/22/2013 End Date: 04/24/2013 Date of First Production this formation: 04/25/2013
Perforations Top: 10136 Bottom: 11644 No. Holes: 150 Hole size: 35/100

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

3000 Gals 10% HCL; 694794 # 40/70 Sand; 48375 # 20/40 Sand; 25886 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 25957 Max pressure during treatment (psi): 4988

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): 0.64

Total acid used in treatment (bbl): 71 Number of staged intervals: 6

Recycled water used in treatment (bbl): 25886 Flowback volume recovered (bbl): 43737

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

Total proppant used (lbs): 743169 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: 04/22/2013 End Date: 04/24/2013 Date of First Production this formation: 04/25/2013
Perforations Top: 10136 Bottom: 12789 No. Holes: 227 Hole size: 35/100

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

4500 Gals 10% HCL; 1041690 # 40/70 Sand; 72500 # 20/40 Sand; 38868 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 38975 Max pressure during treatment (psi): 4988

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): 0.64

Total acid used in treatment (bbl): 107 Number of staged intervals: 9

Recycled water used in treatment (bbl): 38868 Flowback volume recovered (bbl): 43737

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

Total proppant used (lbs): 1114190 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1389 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1389 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2131 Tubing PSI: 1618 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1156 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12396 Tbg setting date: 05/10/2013 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: _____
All flowback water entries are total estimates based on commingled volumes.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Sandra Salazar
Title: Permit Technician II Date: 3/17/2014 Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Name
2622781	
400446923	FORM 5A SUBMITTED
400573203	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)