

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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03/06/2014

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
Email: michele.veybright@wpxenergy.com

5. API Number 05-103-11903-00

6. County: RIO BLANCO

7. Well Name: Federal
Well Number: RG 434-14-298

8. Location: QtrQtr: SESW Section: 14 Township: 2S Range: 98W Meridian: 6

9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2013 End Date: 12/01/2013 Date of First Production this formation: 12/11/2013
Perforations Top: 10345 Bottom: 10631 No. Holes: 28 Hole size: 35/100

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

500 Gals 10% HCL; 78128# 40/70 Sand; 5000# 20/40 Sand; 3139 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3150 Max pressure during treatment (psi): 4332

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): 0.62

Total acid used in treatment (bbl): 11 Number of staged intervals: 1

Recycled water used in treatment (bbl): 3139 Flowback volume recovered (bbl): 28456

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

Total proppant used (lbs): 83128 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: 11/30/2013 End Date: 11/30/2013 Date of First Production this formation: 12/11/2013

Perforations Top: 10670 Bottom: 10970 No. Holes: 42 Hole size: 35/100

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

1000 Gals 10% HCL; 262146# 40/70 Sand; 18750# 20/40 Sand; 9829 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9852 Max pressure during treatment (psi): 4332

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): 0.62

Total acid used in treatment (bbl): 23 Number of staged intervals: 2

Recycled water used in treatment (bbl): 9829 Flowback volume recovered (bbl): 28456

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

Total proppant used (lbs): 280896 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: 12/01/2013 End Date: 12/06/2013 Date of First Production this formation: 12/11/2013
Perforations Top: 7579 Bottom: 9883 No. Holes: 212 Hole size: 35/100

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

4500 Gals 10% HCL; 1058485# 40/70 Sand; 75000# 20/40 Sand; 39542 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 39649 Max pressure during treatment (psi): 4332

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): 0.62

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

Recycled water used in treatment (bbl): 39542 Flowback volume recovered (bbl): 28456

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

Total proppant used (lbs): 1133485 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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2013 End Date: 12/06/2013 Date of First Production this formation: 12/11/2013
Perforations Top: 7579 Bottom: 10970 No. Holes: 282 Hole size: 35/100

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

6000 Gals 10% HCL; 1398759# 40/70 Sand; 98750# 20/40 Sand; 52510 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 52652 Max pressure during treatment (psi): 4332
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): 0.62
Total acid used in treatment (bbl): 142 Number of staged intervals: 12
Recycled water used in treatment (bbl): 52510 Flowback volume recovered (bbl): 28456
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1497509 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/28/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1271 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1271 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1968 Tubing PSI: 1395 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1103 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10157 Tbg setting date: 12/18/2013 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: Michele L Weybright
Title: Permit Technician I Date: 3/6/2014 Email michele.weybright@wpenergy.com

Attachment Check List

Att Doc Num	Name
400567778	FORM 5A SUBMITTED
400567798	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting.	7/28/2014 7:28:24 AM

Total: 1 comment(s)