

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: GINA RANDOLPH Phone: (303) 260-4509 Fax: (303) 629-8268 Email: GINA.RANDOLPH@WPXENERGY.COM

5. API Number 05-103-11958-00 6. County: RIO BLANCO 7. Well Name: Federal 8. Location: QtrQtr: LOT6 Section: 27 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: 10/09/2013 End Date: 10/09/2013 Date of First Production this formation: 10/14/2013 Perforations Top: 11142 Bottom: 11428 No. Holes: 35 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [] 715 Gals 10% HCL; 208844# 40/70 Sand; 15013# 20/40 Sand; 7882 Bbls Slickwater (Summary)

This formation is commingled with another formation: [] Yes [X] No Total fluid used in treatment (bbl): 7899 Max pressure during treatment (psi): 5265 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): 17 Number of staged intervals: 2 Recycled water used in treatment (bbl): 7882 Flowback volume recovered (bbl): 17624 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 223857 Rule 805 green completion techniques were utilized: [X] 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: 10/09/2013 End Date: 10/09/2013 Date of First Production this formation: 10/14/2013
Perforations Top: 11460 Bottom: 11773 No. Holes: 40 Hole size: 35/100

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

785 Gals 10% HCL; 185137# 40/70 Sand; 13737# 20/40 Sand; 6872 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6891 Max pressure during treatment (psi): 5265

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): 18 Number of staged intervals: 2

Recycled water used in treatment (bbl): 6872 Flowback volume recovered (bbl): 17624

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

Total proppant used (lbs): 198874 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: 10/10/2013 End Date: 10/11/2013 Date of First Production this formation: 10/14/2013
Perforations Top: 9265 Bottom: 10581 No. Holes: 140 Hole size: 35/100

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

3000 Gals 10% HCL; 560516# 40/70 Sand; 38750# 20/40 Sand; 20368 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 20439 Max pressure during treatment (psi): 5265

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): 20368 Flowback volume recovered (bbl): 17624

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

Total proppant used (lbs): 599266 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: 10/09/2013 End Date: 10/11/2013 Date of First Production this formation: 10/14/2013
Perforations Top: 9265 Bottom: 11773 No. Holes: 215 Hole size: 35/100

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

4500 Gals 10% HCL; 954497# 40/70 Sand; 67500# 20/40 Sand; 35123 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 35230 Max pressure during treatment (psi): 5265

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): 35123 Flowback volume recovered (bbl): 17624

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

Total proppant used (lbs): 1021997 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/22/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 988 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 988 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1321 Tubing PSI: 1000 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1077 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11154 Tbg setting date: 10/14/2013 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: GINA RANDOLPH
Title: PERMIT TECH II Date: 2/28/2014 Email: GINA.RANDOLPH@WPXENERGY.COM

Attachment Check List

Att Doc Num	Name
400564145	FORM 5A SUBMITTED
400564233	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Am accepting top of Seggo perms @11460 despite Form 5 Seggo top of 11688'. APD named ILES as one of the Objective Formations and RLNS/COZZ/CORC/SEGO are commonly included in ILES, so 11460 Seggo top will be accepted - though possible in Corc. Requested verification of Seggo perms 10/2/14 dhs.	6/24/2014 3:09:50 PM

Total: 1 comment(s)