

**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:
400640726

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07/09/2014

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: <u>96850</u>	4. Contact Name: <u>GINA RANDOLPH</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 260-4509</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>GINA.RANDOLPH@WPXENERGY.COM</u>

5. API Number <u>05-045-22270-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>C&C Energy</u>	Well Number: <u>GM 322-13</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>12</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/16/2014 End Date: 06/19/2014 Date of First Production this formation: 06/21/2014
Perforations Top: 4863 Bottom: 6519 No. Holes: 105 Hole size: 35/100

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

5 STAGES; 668500 # 40/70 Sand: 18476 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 18476 Max pressure during treatment (psi): 5868
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): 0.65
Total acid used in treatment (bbl): _____ Number of staged intervals: 5
Recycled water used in treatment (bbl): 18476 Flowback volume recovered (bbl): 7701
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 668500 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/01/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1070 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1070 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1787 Tubing PSI: 1401 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1033 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6363 Tbg setting date: 06/24/2014 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: 7/9/2014 Email: GINA.RANDOLPH@WPXENERGY.COM

Attachment Check List

Att Doc Num	Name
400640726	FORM 5A SUBMITTED
400640728	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting.	10/8/2014 8:00:51 AM

Total: 1 comment(s)