

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:  
400652060

Date Received:  
07/29/2014

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>Michele Weybright</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 629-8449</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>michele.weybright@wpxenergy.com</u>

5. API Number <u>05-045-22231-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>PA</u>	Well Number: <u>312-7</u>
8. Location: QtrQtr: <u>LOT 10</u> Section: <u>6</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	

### Completed Interval

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

Treatment Date: 06/09/2014 End Date: 06/11/2014 Date of First Production this formation: 06/09/2014

Perforations Top: 5106 Bottom: 6862 No. Holes: 122 Hole size: 35/100

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

777500# 40/70 Sand; 21165 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): 21165

Max pressure during treatment (psi): 4364

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): 0.68

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: 6

Recycled water used in treatment (bbl): 21165

Flowback volume recovered (bbl): 6953

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 777500

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 07/21/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1046 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1046 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1435 Tubing PSI: 1213 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1072 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6688 Tbg setting date: 06/17/2014 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: \_\_\_\_\_

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: 7/29/2014 Email: michele.weybright@wpenergy.com

### Attachment Check List

Att Doc Num	Name
400652060	FORM 5A SUBMITTED
400652068	WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting.	10/9/2014 8:39:11 AM

Total: 1 comment(s)