

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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Date Received:

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

5. API Number 05-045-22468-00 6. County: GARFIELD
7. Well Name: GM Well Number: 443-12
8. Location: QtrQtr: NENW Section: 12 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/02/2014 End Date: 12/06/2014 Date of First Production this formation: 12/07/2014
Perforations Top: 5366 Bottom: 7212 No. Holes: 139 Hole size: 35/100

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

7 STAGES; 1023500 # 40/70 Sand: 27841 Bbls Slickwater (Summary)

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 27841 Max pressure during treatment (psi): 4743
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): 0.70
Total acid used in treatment (bbl): Number of staged intervals: 7
Recycled water used in treatment (bbl): 27841 Flowback volume recovered (bbl): 10575
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1023500 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: 01/04/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 686 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 686 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1783 Tubing PSI: 1494 Choke Size: 9/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1102 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7028 Tbg setting date: 12/10/2014 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: _____ Email: GINA.RANDOLPH@WPXENERGY.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400766225	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)