

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:

400749330

Date Received:

12/10/2014

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

5. API Number 05-045-10245-00
6. County: GARFIELD
7. Well Name: WILLIAMS
Well Number: GM 513-1
8. Location: QtrQtr: NWSW Section: 1 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PLUGGED AND ABANDONED Treatment Type: FRACTURE STIMULATION
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 4066 Bottom: 6144 No. Holes: 115 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): 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: WELL P&A
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 4000 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

PLEASE SEE ATTACHED FOR ALL DETAILS.

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: 12/10/2014

Email: GINA.RANDOLPH@WPXENERGY.COM

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400749330	FORM 5A SUBMITTED
400749337	WELLBORE DIAGRAM
400749340	OPERATIONS SUMMARY
400749342	CEMENT JOB SUMMARY
400749343	WIRELINE JOB SUMMARY

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Added bridge plug and 2 sx cap to Formation Information as per Operations Summary.	3/16/2015 8:23:03 AM

Total: 1 comment(s)