

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:

400844973

Date Received:

05/28/2015

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: Sandra Salazar
Phone: (303) 629-8456
Fax: (303) 629-8268
Email: sandra.salazar@wpxenergy.com

5. API Number 05-103-12138-00
6. County: RIO BLANCO
7. Well Name: FEDERAL
Well Number: RGU 334-23-198
8. Location: QtrQtr: SESE Section: 23 Township: 1S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/14/2015 End Date: 01/14/2015 Date of First Production this formation: 01/21/2015

Perforations Top: 11772 Bottom: 111773 No. Holes: 3 Hole size: 35/100

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

5 Gals 10% HCL; 32 Bbls Slickwater; 64 # 40/70 Sand; 894 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 32 Max pressure during treatment (psi): 6351

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): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 32 Flowback volume recovered (bbl): 8429

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

Total proppant used (lbs): 958 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: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/14/2015 End Date: 01/14/2015 Date of First Production this formation: 01/21/2015

Perforations Top: 11849 Bottom: 12139 No. Holes: 27 Hole size: 35/100

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

498 Gals 10% HCL; 3183 Bbls Slickwater; 6336 # 40/70 Sand; 88506 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 3196

Max pressure during treatment (psi): 6351

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): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 3183

Flowback volume recovered (bbl): 8429

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 94842

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: <u>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>01/14/2015</u>		End Date: <u>01/14/2015</u>		Date of First Production this formation: <u>01/21/2015</u>	
Perforations	Top: <u>12196</u>	Bottom: <u>12505</u>	No. Holes: <u>42</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
1000 Gals 10% HCL; 5778 Bbls Slickwater; 14400 # 40/70 Sand; 151300 # 20/40 Sand; (Summary)					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>5802</u>			Max pressure during treatment (psi): <u>6351</u>		
Total gas used in treatment (mcf): _____			Fluid density at initial fracture (lbs/gal): <u>8.43</u>		
Type of gas used in treatment: _____			Min frac gradient (psi/ft): <u>0.64</u>		
Total acid used in treatment (bbl): <u>24</u>			Number of staged intervals: <u>2</u>		
Recycled water used in treatment (bbl): <u>5778</u>			Flowback volume recovered (bbl): <u>8429</u>		
Fresh water used in treatment (bbl): _____			Disposition method for flowback: <u>RECYCLE</u>		
Total proppant used (lbs): <u>165700</u>			Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 01/15/2015 End Date: 01/16/2015 Date of First Production this formation: 01/21/2015

Perforations Top: 9908 Bottom: 11358 No. Holes: 143 Hole size: 35/100

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

1000 Gals 10% HCL; 25311 Bbls Slickwater; 45700 # 40/70 Sand; 647700 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 25335

Max pressure during treatment (psi): 6351

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): 24

Number of staged intervals: 6

Recycled water used in treatment (bbl): 25311

Flowback volume recovered (bbl): 8249

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs): 693400

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/14/2015 End Date: 01/16/2015 Date of First Production this formation: 01/21/2015

Perforations Top: 9908 Bottom: 12505 No. Holes: 215 Hole size: 35/100

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

2500 Gals 10% HCL; 34306 Bbls Slickwater; 66500 # 40/70 Sand; 888400 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 1440914 Max pressure during treatment (psi): 6351

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): 60 Number of staged intervals: 10

Recycled water used in treatment (bbl): 1400855 Flowback volume recovered (bbl): 8429

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

Total proppant used (lbs): 954900 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 1218 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1218 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2291 Tubing PSI: 1650 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1076 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12117 Tbg setting date: 01/22/2015 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: Sandra Salazar

Title: Permit Technician II Date: 5/28/2015 Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Name
400844973	FORM 5A SUBMITTED
400845546	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Passes Permitting!: changed Corc perms to 11849-12139' as per operator.	3/1/2015 7:13:16 AM

Total: 1 comment(s)