

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: Whitney Szabo
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 263-2730
3. Address: PO BOX 370 City: PARACHUTE State: CO Zip: 81635 Fax: Email: whitney.szabo@wpxenergy.com

5. API Number 05-045-18533-00 6. County: GARFIELD
7. Well Name: WPX Well Number: SG 914-32D
8. Location: QtrQtr: NESW Section: 32 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: COZZETTE Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/17/2015 End Date: 12/17/2015 Date of First Production this formation: 12/21/2015
Perforations Top: 5273 Bottom: 5457 No. Holes: 45 Hole size: 35/100

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

1000 Gals 7.5% HCL; 15494 BBLs Slickwater; 488795 #20/40 Sand; (summary)

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 15518 Max pressure during treatment (psi): 3384
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): 0.81
Total acid used in treatment (bbl): 24 Number of staged intervals: 2
Recycled water used in treatment (bbl): 15494 Flowback volume recovered (bbl): 636
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 488795 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: 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: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/17/2015 End Date: 12/17/2015 Date of First Production this formation: 12/21/2015

Perforations Top: 5480 Bottom: 5554 No. Holes: 24 Hole size: 35/100

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

500 Gals 7.5% HCL; 7849 BBLs Slickwater; 254520 #20/40 Sand; (summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7861 Max pressure during treatment (psi): 3384

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): 0.81

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 7849 Flowback volume recovered (bbl): 636

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

Total proppant used (lbs): 254520 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: ROLLINS-COZZETTE-CORCORAN Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/11/2015 End Date: 12/21/2015 Date of First Production this formation: 12/21/2015

Perforations Top: 5022 Bottom: 5554 No. Holes: 93 Hole size: 35/100

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

2000 Gals 7.5% HCL; 33319 BBLs Slickwater; 1050715 #20/40 Sand; (summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 33368 Max pressure during treatment (psi): 3384

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): 0.81

Total acid used in treatment (bbl): 48 Number of staged intervals: 4

Recycled water used in treatment (bbl): 33319 Flowback volume recovered (bbl): 1908

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

Total proppant used (lbs): 1050715 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: 2 + 7/8 Tubing Setting Depth: 4936 Tbg setting date: 01/02/2016 Packer Depth: 4941

Reason for Non-Production: William Fork-ILES status will change to Injecting upon UIC approval.

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: ROLLINS Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/21/2015 End Date: 12/21/2015 Date of First Production this formation: 12/21/2015

Perforations Top: 5022 Bottom: 5117 No. Holes: 24 Hole size: 35/100

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

500 Gals 7.5% HCL; 9977 BBLs Slickwater; 307400 20/40 Sand; (summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9989 Max pressure during treatment (psi): 3384

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): 0.81

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 9977 Flowback volume recovered (bbl): 636

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

Total proppant used (lbs): 307400 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.

Comment:
All flowback water entries are total estimates based on commingled volumes.
William Fork-ILES status will change to Injecting upon UIC approval.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Whitney Szabo
Title: Permit Tech II Date: _____ Email: whitney.szabo@wpenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
<u>400964028</u>	<u>WELLBORE DIAGRAM</u>

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)