

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400961684

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
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
3. Address: PO BOX 370
City: PARACHUTE State: CO Zip: 81635
4. Contact Name: Whitney Szabo
Phone: (970) 263-2730
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: ☒ 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: ☒

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: <u>ROLLINS</u>		Status: <u>SHUT IN</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/21/2015</u>		End Date: <u>12/21/2015</u>		Date of First Production this formation: <u>12/21/2015</u>	
Perforations	Top: <u>5022</u>	Bottom: <u>5117</u>	No. Holes: <u>24</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>500 Gals 7.5% HCL; 9977 BBLs Slickwater; 307400 20/40 Sand; (summary)</u>					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>9989</u>			Max pressure during treatment (psi): <u>3384</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>0.81</u>		
Total acid used in treatment (bbl): <u>12</u>			Number of staged intervals: <u>1</u>		
Recycled water used in treatment (bbl): <u>9977</u>			Flowback volume recovered (bbl): <u>636</u>		
Fresh water used in treatment (bbl): _____			Disposition method for flowback: <u>RECYCLE</u>		
Total proppant used (lbs): <u>307400</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.			

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

Att Doc Num	Name
-------------	------

400964028	WELLBORE DIAGRAM
-----------	------------------

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)