

FORM
5A

Rev
02/08

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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| DE | ET | OE | ES |
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Document Number:

400286903

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: Julie Lawson
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4533
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
City: DENVER State: CO Zip: 80202

5. API Number 05-103-11750-00 6. County: RIO BLANCO
7. Well Name: Federal RG Well Number: 421-14-298
8. Location: QtrQtr: SWNE Section: 14 Township: 2s Range: 98w Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

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|---|--|---|---|
| FORMATION: <u>COZZETTE</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>06/10/2011</u> | | Date of First Production this formation: <u>06/09/2011</u> | |
| Perforations | Top: <u>10306</u> Bottom: <u>10307</u> | No. Holes: <u>3</u> | Hole size: <u>0.35</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | | Bbls oil: _____ | Mcf Gas: _____ Bbls 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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____ | | | |
| Bridge Plug Depth: _____ Sacks cement on top: _____ | | | |

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 06/09/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 10411 Bottom: 10708 No. Holes: 37 Hole size: 0.35

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

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

FORMATION: SEGO Status: PRODUCING

Treatment Date: 06/06/2011 Date of First Production this formation: 06/09/2011

Perforations Top: 10772 Bottom: 11101 No. Holes: 45 Hole size: 0.35

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

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

FORMATION: WILLIAMS FORK - CAMEOStatus: PRODUCINGTreatment Date: 06/10/2011Date of First Production this formation: 06/09/2011Perforations Top: 7757 Bottom: 9948 No. Holes: 181 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____

FORMATION: WILLIAMS FORK-ILESStatus: COMMINGLEDTreatment Date: 06/04/2011Date of First Production this formation: 06/09/2011Perforations Top: 7757 Bottom: 11101 No. Holes: 266 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐13001 gal 10% HCL; 1477786# 40/70 Sand; 560781# 100-Mesh Sand; 72833 BBLs Slickwater.This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 09/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1578 Bbls H2O: 0Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0Test Method: Flowing Casing PSI: 2725 Tubing PSI: 2097 Choke Size: 14/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1096 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 10837 Tbg setting date: 06/30/2011 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: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie LawsonTitle: Permit Tech II Date: _____ Email julie.lawson@wpenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400286919 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)