

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:

400297924

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: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202
4. Contact Name: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-103-11681-00
6. County: RIO BLANCO
7. Well Name: Federal RGU
Well Number: 444-24-198
8. Location: QtrQtr: NWNE Section: 25 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: 12/31/2011 End Date: 12/31/2011 Date of First Production this formation: 01/05/2012

Perforations Top: 11894 Bottom: 12035 No. Holes: 12 Hole size: 0.35

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

800 gal 10% HCL; 99444# 30/50 Sand; 3686.4 BBL's Slickwater.

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

Total fluid used in treatment (bbl): 3705

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment:

Number of staged intervals: 1

Total acid used in treatment (bbl): 19

Max frac gradient (psi/ft): 8.43

Recycled water used in treatment (bbl): 3686

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 99444

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:

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/30/2011</u>		End Date: <u>12/31/2011</u>		Date of First Production this formation: <u>01/05/2012</u>	
Perforations	Top: <u>12083</u>	Bottom: <u>12379</u>	No. Holes: <u>31</u>	Hole size: <u>0.35</u>	

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

1533 gal 10% HCL; 205813# 30/50 Sand; 7633.3 BBL's Slickwater.

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

Total fluid used in treatment (bbl): <u>7669</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Number of staged intervals: <u>3</u>
Total acid used in treatment (bbl): <u>36</u>	Max frac gradient (psi/ft): <u>0.61</u>
Recycled water used in treatment (bbl): <u>7633</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>205813</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

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: _____

FORMATION: <u>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/29/2011</u>		End Date: <u>12/30/2011</u>		Date of First Production this formation: <u>01/05/2012</u>	
Perforations	Top: <u>12430</u>	Bottom: <u>12729</u>	No. Holes: <u>31</u>	Hole size: <u>0.35</u>	

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

1666 gal 10% HCL; 115272# 100-Mesh Sand; 131004# 30/50 Sand; 9059.3 BBL's Slickwater.

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

Total fluid used in treatment (bbl): <u>9099</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Number of staged intervals: <u>2</u>
Total acid used in treatment (bbl): <u>39</u>	Max frac gradient (psi/ft): <u>0.61</u>
Recycled water used in treatment (bbl): <u>9059</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>246276</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

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: _____

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>01/01/2012</u>		End Date: <u>01/10/2012</u>		Date of First Production this formation: <u>01/05/2012</u>	
Perforations	Top: <u>9346</u>	Bottom: <u>11592</u>	No. Holes: <u>171</u>	Hole size: <u>0.35</u>	

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

8000 gal 10% HCL; 572408# 100-Mesh Sand; 846405# 30/50 Sand; 48242 BBL's Slickwater.

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

Total fluid used in treatment (bbl): <u>48432</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Number of staged intervals: <u>8</u>
Total acid used in treatment (bbl): <u>190</u>	Max frac gradient (psi/ft): <u>0.50</u>
Recycled water used in treatment (bbl): <u>48242</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1418813</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

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: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/29/2011 End Date: 01/10/2012 Date of First Production this formation: 01/05/2012

Perforations Top: 9346 Bottom: 12729 No. Holes: 245 Hole size: 0.35

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

11999 gal 10% HCL; 687680# 100-Mesh Sand; 1282666# 30/50 Sand; 68621 BBL's Slickwater.

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

Total fluid used in treatment (bbl): 68906 Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____ Number of staged intervals: 12

Total acid used in treatment (bbl): 285 Max frac gradient (psi/ft): 0.50

Recycled water used in treatment (bbl): 68621 Flowback volume recovered (bbl): 27845

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

Total proppant used (lbs): 1970346 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1170 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1170 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2374 Tubing PSI: 1943 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1068 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12131 Tbg setting date: 01/29/2012 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:

*All flowback water entries are total estimates based on comingled volumes.

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

Signed: _____ Print Name: Julie Lawson

Title: Permit Tech II Date: _____ Email: julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Name
400297928	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)