

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



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
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: Matt Barber
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-20004-00
6. County: GARFIELD
7. Well Name: Jolley
Well Number: KP 442-18
8. Location: QtrQtr: NWSW Section: 17 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/14/2011 End Date: 10/17/2011 Date of First Production this formation: 10/23/2011

Perforations Top: 7335 Bottom: 7457 No. Holes: 23 Hole size: 0.35

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

505 gals 7.5% HCL; 150,500# 20/40 Sand; 6,872

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 6884 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): 12 Max frac gradient (psi/ft): 0.84

Recycled water used in treatment (bbl): 6872 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 150500 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:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/17/2011 End Date: 10/20/2011 Date of First Production this formation: 10/23/2011
Perforations Top: 5332 Bottom: 7317 No. Holes: 241 Hole size: 0.35

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

9765 gals 7.5% HCL; 1,170,680# 20/40 Sand; 48,023 Bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 48256 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: 9

Total acid used in treatment (bbl): 233 Max frac gradient (psi/ft): 0.57

Recycled water used in treatment (bbl): 48024 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1170680 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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/14/2011 End Date: 10/20/2011 Date of First Production this formation: 10/23/2011
Perforations Top: 5332 Bottom: 7457 No. Holes: 264 Hole size: 0.35

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

10,270 7.5% HCL; 1,321,180# 20/40 Sand; 55,140 Bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 55140 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: 10

Total acid used in treatment (bbl): 245 Max frac gradient (psi/ft): 0.57

Recycled water used in treatment (bbl): 54895 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1321180 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/31/2011 Hours: 24 Bbl oil: _____ Mcf Gas: 1066 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 1066 Bbl H2O: _____ GOR: _____

Test Method: Flowing Casing PSI: 1378 Tubing PSI: 1015 Choke Size: 8/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1207 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6529 Tbg setting date: 10/16/2011 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:

*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: Matt Barber

Title: Sr. Regulatory Specialist Date: _____ Email: matt.barber@wpenergy.com

Attachment Check List

Att Doc Num	Name
400299897	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)