

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:

400301682

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 05-103-11616-00  
6. County: RIO BLANCO  
7. Well Name: FEDERAL RGU  
Well Number: 413-24-198  
8. Location: QtrQtr: NWSW Section: 24 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: 01/29/2012 End Date: 01/29/2012 Date of First Production this formation: 02/01/2012

Perforations Top: 11672 Bottom: 11825 No. Holes: 16 Hole size: 0.35

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

714 GAL 10% HCL; 92433# 30/50 SAND; 8072# 100-MESH SAND; 3596.9 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 3613

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): 17

Max frac gradient (psi/ft): 0.69

Recycled water used in treatment (bbl): 3596

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 100505

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>01/28/2012</u>		End Date: <u>01/29/2012</u>		Date of First Production this formation: <u>02/01/2012</u>	
Perforations	Top: <u>11894</u>	Bottom: <u>12202</u>	No. Holes: <u>29</u>	Hole size: <u>0.35</u>	

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

1285.6 GAL 10% HCL; 219602# 30/50 SAND; 19523# 100-MESH SAND; 8400.8 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>8431</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>30</u>	Max frac gradient (psi/ft): <u>0.61</u>
Recycled water used in treatment (bbl): <u>8400</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>239125</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>01/27/2012</u>		End Date: <u>01/28/2012</u>		Date of First Production this formation: <u>02/01/2012</u>	
Perforations	Top: <u>12238</u>	Bottom: <u>12591</u>	No. Holes: <u>40</u>	Hole size: <u>0.35</u>	

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

2054 GAL 10% HCL; 23558# 100-MESH SAND; 254384# 30/50 SAND; 10763.4 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>10812</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>48</u>	Max frac gradient (psi/ft): <u>0.57</u>
Recycled water used in treatment (bbl): <u>10763</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>277942</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>01/29/2012</u>		End Date: <u>02/21/2012</u>		Date of First Production this formation: <u>02/01/2012</u>	
Perforations	Top: <u>9111</u>	Bottom: <u>11367</u>	No. Holes: <u>164</u>	Hole size: <u>0.35</u>	

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

8000 GAL 10% HCL; 1149845# 30/50 SAND; 33001# 100-MESH SAND, 42297.2 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>42487</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>0.54</u>
Recycled water used in treatment (bbl): <u>42297</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1182846</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: 01/27/2012 End Date: 02/21/2012 Date of First Production this formation: 02/01/2012

Perforations Top: 9111 Bottom: 12591 No. Holes: 249 Hole size: 0.35

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

12053.6 GAL 10% HCL; 84154# 100-MESH SAND; 1716264# 30/50 SAND; 65058.3 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 65345 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): 287 Max frac gradient (psi/ft): 0.54

Recycled water used in treatment (bbl): 65058 Flowback volume recovered (bbl): 37018

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

Total proppant used (lbs): 1800418 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 04/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1293 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1293 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2244 Tubing PSI: 1944 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1049 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11327 Tbg setting date: 03/02/2012 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
400301699	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)