

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:

400304247

Date Received:

07/11/2012

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: Angela Neifert-Kraiser
Phone: (303) 606-4398
Fax: (303) 629-8272

5. API Number 05-045-20266-00
6. County: GARFIELD
7. Well Name: CDOW
Well Number: KP 332-22
8. Location: QtrQtr: SEnw Section: 22 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/13/2011</u>		End Date: <u>09/13/2011</u>		Date of First Production this formation: <u>09/30/2011</u>	
Perforations	Top: <u>7479</u>	Bottom: <u>7503</u>	No. Holes: <u>9</u>	Hole size: _____	

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

430 Gals 7 1/2% HCL;70907# 20/40 Sand; 2702 Bbls Slickwater; (Summary)

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.

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

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>3132</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: _____	Max frac gradient (psi/ft): <u>0.82</u>
Total acid used in treatment (bbl): <u>430</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>2702</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>70907</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: <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.

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>09/14/2011</u>		End Date: <u>09/16/2011</u>		Date of First Production this formation: <u>09/30/2011</u>	
Perforations	Top: <u>5386</u>	Bottom: <u>7466</u>	No. Holes: <u>214</u>	Hole size: <u> </u>	

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

4375 Gals 7 1/2% HCL; 1691438# 20/40 Sand; 65744 Bbls Slickwater; (Summary
 Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
 *All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Total fluid used in treatment (bbl): <u>70119</u>	Max pressure during treatment (psi): <u> </u>		
Total gas used in treatment (mcf): <u> </u>	Fluid density at initial fracture (lbs/gal): <u>8.43</u>		
Type of gas used in treatment: <u> </u>	Max frac gradient (psi/ft): <u>0.57</u>		
Total acid used in treatment (bbl): <u>4375</u>	Number of staged intervals: <u>8</u>		
Recycled water used in treatment (bbl): <u>65744</u>	Flowback volume recovered (bbl): <u> </u>		
Fresh water used in treatment (bbl): <u> </u>	Disposition method for flowback: <u>RECYCLE</u>		
Total proppant used (lbs): <u>1714524</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized: <u> </u>			

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u> </u>	Hours: <u> </u>	Bbl oil: <u> </u>	Mcf Gas: <u> </u>	Bbl H2O: <u> </u>
Calculated 24 hour rate: <u> </u>	Bbl oil: <u> </u>	Mcf Gas: <u> </u>	Bbl H2O: <u> </u>	GOR: <u> </u>
Test Method: <u> </u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>	
Gas Disposition: <u> </u>	Gas Type: <u> </u>	Btu Gas: <u> </u>	API Gravity Oil: <u> </u>	
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

Date formation Abandoned: <u> </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
---	---	---

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: 09/12/2011 End Date: 09/16/2011 Date of First Production this formation: 09/30/2011

Perforations Top: 5386 Bottom: 7503 No. Holes: 223 Hole size:

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

4805 Gals 7 1/2% HCL; 1785431# 20/40 Sand; 68446 Bbls Slickwater; (Summary)
Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
*All flowback water entries are total estimates based on comingled volumes.

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

Total fluid used in treatment (bbl): 73251 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: Max frac gradient (psi/ft): 0.57

Total acid used in treatment (bbl): 4805 Number of staged intervals: 9

Recycled water used in treatment (bbl): 68446 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 1785431 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1281 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1281 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 951 Tubing PSI: 578 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1129 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6519 Tbg setting date: 09/21/2011 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: ** Wireline and Cement Job Summary must be attached.

Comment:

Please note: the "as-drilled" GPS information provided is actual data of the existing well conductor location prior to the big rig spud date.
*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: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: 7/11/2012 Email: Angela.Neifert-Kraiser@WPXEnergy.com

Attachment Check List

Att Doc Num	Name
400304247	FORM 5A SUBMITTED
400304506	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)