

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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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 05-103-11877-00 6. County: RIO BLANCO
 7. Well Name: Federal Well Number: RGU 424-25-198
 8. Location: QtrQtr: LOT14 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: 02/24/2012 End Date: 02/24/2012 Date of First Production this formation: 02/27/2012

Perforations Top: 11670 Bottom: 11844 No. Holes: 15 Hole size: 0.35

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

697 GAL 10% HCL; 53928.5# 30/50 SAND; 2500# 100-MESH SAND; 2333 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2349 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): 0.62

Total acid used in treatment (bbl): 16 Number of staged intervals: 1

Recycled water used in treatment (bbl): 2333 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 56428 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/24/2012 End Date: 02/24/2012 Date of First Production this formation: 02/27/2012
Perforations Top: 11875 Bottom: 12175 No. Holes: 24 Hole size: 0.35

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

1035.4 GAL 10% HCL; 121471.4# 30/50 SAND; 4750# 100-MESH SAND 4658 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4682 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): 0.62

Total acid used in treatment (bbl): 24 Number of staged intervals: 2

Recycled water used in treatment (bbl): 4658 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 126221 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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/23/2012 End Date: 02/24/2012 Date of First Production this formation: 02/27/2012
Perforations Top: 12240 Bottom: 12562 No. Holes: 30 Hole size: 0.35

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

1218.2 GAL 10% HCL; 109300# 30/50 SAND; 46550# 100-MESH SAND; 6595.1 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6624 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): 0.56

Total acid used in treatment (bbl): 29 Number of staged intervals: 2

Recycled water used in treatment (bbl): 6595 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 155850 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: _____ ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: 02/24/2012 End Date: 03/11/2012 Date of First Production this formation: 02/27/2012
Perforations Top: 9378 Bottom: 11390 No. Holes: 140 Hole size: 0.35

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

4478 GAL 10% HCL; 645488# 30/50 SAND; 25019# 100-MESH SAND; 25778.4 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 25885 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): 0.55

Total acid used in treatment (bbl): 106 Number of staged intervals: 7

Recycled water used in treatment (bbl): 25778 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 670507 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: _____ ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 9378 Bottom: 12562 No. Holes: 209 Hole size: 0.35

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

7428.6 GAL 10% HCL; 930187.9# 30/50 SAND; 78819# 100-MESH SAND; 39364.5 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 39514 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): 0.55

Total acid used in treatment (bbl): 176 Number of staged intervals: 10

Recycled water used in treatment (bbl): 39364 Flowback volume recovered (bbl): 27450

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

Total proppant used (lbs): 1009006 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1123 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1123 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1764 Tubing PSI: 1318 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1063 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11363 Tbg setting date: 03/30/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

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
400304925	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)