

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:

400305175

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

5. API Number 05-045-20693-00  
6. County: GARFIELD  
7. Well Name: Jolley Well Number: KP 341-28  
8. Location: QtrQtr: NENE Section: 28 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>01/16/2012</u>		End Date: <u>01/16/2012</u>		Date of First Production this formation: <u>01/20/2012</u>	
Perforations	Top: <u>8046</u>	Bottom: <u>8149</u>	No. Holes: <u>20</u>	Hole size: _____	

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

415 Gals 7 1/2% HCL; 122840# 20/40 Sand; 18043 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>18458</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>0.84</u>
Total acid used in treatment (bbl): <u>415</u>	Number of staged intervals: <u>9</u>
Recycled water used in treatment (bbl): <u>18043</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>122840</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 _____
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\*\* 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>01/16/2012</u>		End Date: <u>01/18/2012</u>		Date of First Production this formation: <u>01/20/2012</u>	
Perforations	Top: <u>5572</u>	Bottom: <u>8016</u>	No. Holes: <u>220</u>	Hole size: _____	

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

4085 Gals 7 1/2% HCL; 1794860# 20/40 Sand; 70458 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>74543</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>0.60</u>
Total acid used in treatment (bbl):	<u>4085</u>	Number of staged intervals:	<u>9</u>
Recycled water used in treatment (bbl):	<u>70458</u>	Flowback volume recovered (bbl):	_____
Fresh water used in treatment (bbl):	_____	Disposition method for flowback:	<u>RECYCLE</u>
Total proppant used (lbs):	<u>1794860</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: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 01/16/2012 End Date: 01/18/2012 Date of First Production this formation: 01/20/2012  
Perforations Top: 5572 Bottom: 8149 No. Holes: 244 Hole size: \_\_\_\_\_  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

4500 Gals 7 1/2% HCL; 1917700# 20/40 Sand; 88501 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): 93001

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): 0.60

Total acid used in treatment (bbl): 4500

Number of staged intervals: 9

Recycled water used in treatment (bbl): 88501

Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1917700

Rule 805 green completion techniques were utilized: ☒

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

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

#### Test Information:

Date: 03/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1278 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1278 Bbl H2O: 0 GOR: 0  
Test Method: flowing Casing PSI: 1549 Tubing PSI: 1191 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1146 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7029 Tbg setting date: 01/22/2012 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:

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: \_\_\_\_\_ Email: Angela.Neifert-Kraiser@WPXEnergy.com

#### Attachment Check List

Att Doc Num	Name
400305192	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)