

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:

400312191

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 05-103-11776-00
6. County: RIO BLANCO
7. Well Name: Federal RG
Well Number: 334-14-298
8. Location: QtrQtr: NESW Section: 14 Township: 2S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/30/2011 End Date: 08/30/2011 Date of First Production this formation: 09/02/2011

Perforations Top: 10148 Bottom: 10296 No. Holes: 15 Hole size: 0.35

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

1000 GAL 10% HCL; 120600# 30/50 SAND; 10440# 100-MESH SAND; 4081.6 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 4105

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): 23

Number of staged intervals: 1

Recycled water used in treatment (bbl): 4081

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 131040

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: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/29/2011</u>		End Date: <u>08/30/2011</u>		Date of First Production this formation: <u>09/02/2011</u>	
Perforations	Top: <u>10387</u>	Bottom: <u>10640</u>	No. Holes: <u>31</u>	Hole size: <u>0.35</u>	

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

1428.7 GAL 10% HCL; 187581.1# 30/50 SAND; 17371# 100-MESH SAND 7451.1 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>7485</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>0.63</u>
Total acid used in treatment (bbl): <u>34</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>7451</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>204952</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: <u>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/27/2011</u>		End Date: <u>08/29/2011</u>		Date of First Production this formation: <u>09/02/2011</u>	
Perforations	Top: <u>10678</u>	Bottom: <u>10970</u>	No. Holes: <u>35</u>	Hole size: <u>0.35</u>	

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

1571.6 GAL 10% HCL; 235260# 30/50 SAND; 90840# 100-MESH SAND; 11514.3 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>11551</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>0.61</u>
Total acid used in treatment (bbl): <u>37</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>11514</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>326100</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: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/30/2011</u>		End Date: <u>09/03/2011</u>		Date of First Production this formation: <u>09/02/2011</u>	
Perforations	Top: <u>7467</u>	Bottom: <u>9885</u>	No. Holes: <u>206</u>	Hole size: <u>0.35</u>	

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

9000 GAL 10% HCL; 1325310# 30/50 SAND; 123758# 100-MESH SAND; 53194.2 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>53408</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>0.61</u>
Total acid used in treatment (bbl): <u>214</u>	Number of staged intervals: <u>9</u>
Recycled water used in treatment (bbl): <u>53194</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1449068</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: 08/27/2011 End Date: 09/03/2011 Date of First Production this formation: 09/02/2011
Perforations Top: 7467 Bottom: 10970 No. Holes: 287 Hole size: 0.35

Provide a brief summary of the formation treatment:

Open Hole: ☐

13000.3 GAL 10% HCL; 1868751.1# 30/50 SAND; 242409# 100-MESH SAND; 76241.3 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 76550

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): 0.61

Total acid used in treatment (bbl): 309

Number of staged intervals: 13

Recycled water used in treatment (bbl): 76241

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2111160

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/19/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1628 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1628 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 2306 Tubing PSI: 365 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1088 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10618 Tbg setting date: 09/10/2011 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: _____

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
400312206	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)