

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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 05-103-11680-00
6. County: RIO BLANCO
7. Well Name: Federal RGU
Well Number: 321-25-198
8. Location: QtrQtr: NWNE 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: 11/02/2011 End Date: 11/02/2011 Date of First Production this formation: 10/20/2011

Perforations Top: 11883 Bottom: 12014 No. Holes: 12 Hole size: 0.35

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

600 GAL 10% HCL; 63723# 30/50 SAND; 5724.6# 100-MESH SAND; 2605 BBLS SLICKWATER

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2619 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): 0.67

Total acid used in treatment (bbl): 14 Number of staged intervals: 1

Recycled water used in treatment (bbl): 2605 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 69447 Rule 805 green completion techniques were utilized: [X]

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: 10/20/2011 End Date: 11/02/2011 Date of First Production this formation: 10/20/2011
Perforations Top: 12040 Bottom: 12399 No. Holes: 33 Hole size: 0.35

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

1733.4 GAL 10% HCL; 197289.2# 30/50 SAND; 17368.8# 100-MESH SAND 7819.9 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7861 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): 41 Number of staged intervals: 3

Recycled water used in treatment (bbl): 7819 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 214658 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: 10/20/2011 End Date: 10/20/2011 Date of First Production this formation: 10/20/2011
Perforations Top: 12423 Bottom: 12732 No. Holes: 29 Hole size: 0.35

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

1666.8 GAL 10% HCL; 187797# 30/50 SAND; 16871.8# 100-MESH SAND; 7646.7 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7686 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): 39 Number of staged intervals: 2

Recycled water used in treatment (bbl): 7646 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 204668 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: 11/02/2011 End Date: 11/18/2011 Date of First Production this formation: 10/20/2011
Perforations Top: 9150 Bottom: 11559 No. Holes: 190 Hole size: 0.35

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

9000 GAL 10% HCL; 1197712# 30/50 SAND; 106747# 100-MESH SAND; 46053.9 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 46268 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): 0.53

Total acid used in treatment (bbl): 214 Number of staged intervals: 9

Recycled water used in treatment (bbl): 46053 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1304459 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: 10/20/2011 End Date: 11/18/2011 Date of First Production this formation: 10/20/2011
Perforations Top: 9150 Bottom: 12732 No. Holes: 264 Hole size: 0.35

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

13000.2 GAL 10% HCL; 1646521.2# 30/50 SAND; 146712.2# 100-MESH SAND; 64125.5 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 64435 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): 0.53

Total acid used in treatment (bbl): 309 Number of staged intervals: 13

Recycled water used in treatment (bbl): 64125 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1793233 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2093 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2093 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2502 Tubing PSI: 2049 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12518 Tbg setting date: 04/27/2012 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: _____

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
400313499	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)