

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:

400315181

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 05-103-11437-00
6. County: RIO BLANCO
7. Well Name: Federal
Well Number: RGU 432-1-298
8. Location: QtrQtr: LOT21 Section: 1 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: 03/13/2012 End Date: 03/13/2012 Date of First Production this formation: 03/17/2012

Perforations Top: 11435 Bottom: 11558 No. Holes: 10 Hole size: 0.35

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

422.1 GAL 10% HCL; 64928.7# 30/50 SAND; 1971.3# 100-MESH SAND; 2453.6 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 2463

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): 10

Number of staged intervals: 1

Recycled water used in treatment (bbl): 2453

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 66900

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>03/13/2012</u>		End Date: <u>03/13/2012</u>		Date of First Production this formation: <u>03/17/2012</u>	
Perforations	Top: <u>11595</u>	Bottom: <u>11928</u>	No. Holes: <u>32</u>	Hole size: <u>0.35</u>	

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

1303.8 GAL 10% HCL; 188346.6# 30/50 SAND; 6378.4# 100-MESH SAND 7255.5 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>7286</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>31</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>7255</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>194725</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>03/13/2012</u>		End Date: <u>03/13/2012</u>		Date of First Production this formation: <u>03/17/2012</u>	
Perforations	Top: <u>11950</u>	Bottom: <u>12214</u>	No. Holes: <u>30</u>	Hole size: <u>0.35</u>	

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

1247 GAL 10% HCL; 154425# 30/50 SAND; 5750# 100-MESH SAND; 6148.2 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>6177</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>29</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>6148</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>160175</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>03/14/2012</u>		End Date: <u>03/16/2012</u>		Date of First Production this formation: <u>03/17/2012</u>	
Perforations	Top: <u>8675</u>	Bottom: <u>11074</u>	No. Holes: <u>175</u>	Hole size: <u>0.35</u>	

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

4395 GAL 10% HCL; 927200# 30/50 SAND; 37500# 100-MESH SAND; 36050 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>36154</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>0.49</u>
Total acid used in treatment (bbl): <u>104</u>	Number of staged intervals: <u>8</u>
Recycled water used in treatment (bbl): <u>36050</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>964700</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: 03/13/2012 End Date: 03/16/2012 Date of First Production this formation: 03/17/2012

Perforations Top: 8675 Bottom: 12214 No. Holes: 247 Hole size: 0.35

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

7367.9 GAL 10% HCL; 1334900.3# 30/50 SAND; 51599.7# 100-MESH SAND; 51907.3 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 52082 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): 0.49

Total acid used in treatment (bbl): 175 Number of staged intervals: 11

Recycled water used in treatment (bbl): 51907 Flowback volume recovered (bbl): 39521

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

Total proppant used (lbs): 1386500 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1656 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1656 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 2030 Tubing PSI: 1417 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1109 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11679 Tbg setting date: 04/23/2012 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
400315189	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)