

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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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 City: DENVER State: CO Zip: 80202 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: [X] 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: [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: 08/29/2011 End Date: 08/30/2011 Date of First Production this formation: 09/02/2011
Perforations Top: 10387 Bottom: 10640 No. Holes: 31 Hole size: 0.35

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): 7485 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): 0.63

Total acid used in treatment (bbl): 34 Number of staged intervals: 2

Recycled water used in treatment (bbl): 7451 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 204952 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: 08/27/2011 End Date: 08/29/2011 Date of First Production this formation: 09/02/2011
Perforations Top: 10678 Bottom: 10970 No. Holes: 35 Hole size: 0.35

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): 11551 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): 37 Number of staged intervals: 2

Recycled water used in treatment (bbl): 11514 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 326100 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: 08/30/2011 End Date: 09/03/2011 Date of First Production this formation: 09/02/2011
Perforations Top: 7467 Bottom: 9885 No. Holes: 206 Hole size: 0.35

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): 53408 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): 214 Number of staged intervals: 9

Recycled water used in treatment (bbl): 53194 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1449068 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: 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: 8/2/2012 Email: julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Name
400312191	FORM 5A SUBMITTED
400312206	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

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