

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:

400325127

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 05-045-20707-00
6. County: GARFIELD
7. Well Name: Jolley Well Number: KP 443-21
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>05/08/2012</u> | | End Date: <u>05/08/2012</u> | | Date of First Production this formation: <u>05/12/2012</u> | |
| Perforations | Top: <u>8513</u> | Bottom: <u>8593</u> | No. Holes: <u>14</u> | Hole size: _____ | |

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

295 Gals 7 1/2% HCL; 112926#30/50 Sand; 3371 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>3378</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>0.75</u> |
| Total acid used in treatment (bbl): <u>7</u> | Number of staged intervals: <u>1</u> |
| Recycled water used in treatment (bbl): <u>3371</u> | Flowback volume recovered (bbl): _____ |
| Fresh water used in treatment (bbl): _____ | Disposition method for flowback: <u>RECYCLE</u> |
| Total proppant used (lbs): <u>112926</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>05/08/2012</u> | | End Date: <u>05/11/2012</u> | | Date of First Production this formation: <u>05/12/2012</u> | |
| Perforations | Top: <u>6486</u> | Bottom: <u>8479</u> | No. Holes: <u>171</u> | Hole size: _____ | |

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

3705Gals 7 1/2% HCL; 1518474#30/50 Sand; 43637 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): <u>43725</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>0.56</u> |
| Total acid used in treatment (bbl): <u>88</u> | Number of staged intervals: <u>8</u> |
| Recycled water used in treatment (bbl): <u>43637</u> | Flowback volume recovered (bbl): _____ |
| Fresh water used in treatment (bbl): _____ | Disposition method for flowback: <u>RECYCLE</u> |
| Total proppant used (lbs): <u>1518474</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: 05/08/2012 End Date: 05/11/2012 Date of First Production this formation: 05/12/2012
Perforations Top: 6486 Bottom: 8593 No. Holes: 185 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

4000 Gals 7 1/2% HCL;1631400#30/50 Sand; 47008 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): 47103

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): 0.56

Total acid used in treatment (bbl): 95

Number of staged intervals: 8

Recycled water used in treatment (bbl): 47008

Flowback volume recovered (bbl): 21140

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1631400

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/23/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1036 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1036 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1185 Tubing PSI: 723 Choke Size: 18/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1143 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8007 Tbg setting date: 05/14/2012 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@wpenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400325172 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)