

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 4 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
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: Matt Barber
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-21135-00
6. County: GARFIELD
7. Well Name: Jolley
Well Number: KP 31-17
8. Location: QtrQtr: SESW Section: 8 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/16/2012 End Date: 03/21/2012 Date of First Production this formation: 03/27/2012

Perforations Top: 7275 Bottom: 7378 No. Holes: 18 Hole size: 0.35

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

500 gals 7.5% HCL; 90,400# 40/70 Sand; 21,765 Bbls Slickwater

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

Total fluid used in treatment (bbl): 2918 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: Min frac gradient (psi/ft): 0.78

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 2906 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 90400 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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/16/2012 End Date: 03/21/2012 Date of First Production this formation: 03/27/2012
Perforations Top: 5484 Bottom: 7244 No. Holes: 156 Hole size: 0.35

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

3,000 gals 7.5% HCL; 785,700# 40/70 Sand; 21,765 Bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 21836 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: _____ Min frac gradient (psi/ft): 0.55

Total acid used in treatment (bbl): 71 Number of staged intervals: 6

Recycled water used in treatment (bbl): 21765 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 785700 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: 03/16/2012 End Date: 03/21/2102 Date of First Production this formation: 03/27/2102
Perforations Top: 5484 Bottom: 7378 No. Holes: 174 Hole size: 0.35

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

3,500 gals 7.5% HCL; 876,100# 40/70 Sand; 24,671 Bbls Slickwater

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 24755 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: _____ Min frac gradient (psi/ft): 0.55

Total acid used in treatment (bbl): 83 Number of staged intervals: 7

Recycled water used in treatment (bbl): 24672 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 876100 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/24/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 777 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 777 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 951 Tubing PSI: 249 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1194 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6248 Tbg setting date: 04/10/2012 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: Matt Barber
Title: Sr. Regulatory Specialist Date: 8/15/2012 Email: matt.barber@wpenergy.com

Attachment Check List

Att Doc Num	Name
400315962	FORM 5A SUBMITTED
400315983	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)