

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400311386

Date Received:

08/01/2012

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: Sandra Salazar  
Phone: (303) 629-8456  
Fax: (303) 629-8268

5. API Number 05-045-09941-00  
6. County: GARFIELD  
7. Well Name: CLOUGH  
Well Number: RWF 433-18  
8. Location: QtrQtr: NWSE Section: 18 Township: 6S Range: 94W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 6724 Bottom: 8512 No. Holes: 71 Hole size: 0.35  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): 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: 2 + 3/5 Tubing Setting Depth: 8224 Tbg setting date: 07/03/2012 Packer Depth:  
Reason for Non-Production:  
Date formation Abandoned: 07/03/2012 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 115  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

REVISED Form 5A. On 7/3/2012 - Squeezed MV 3 (6,346' – 6,543') w/ 115 sx 17 ppg Class G cement, identified leak in production casing prior to drilling out cement f/ 4,527' – 4,733', received verbal approval from David Andrews 6/25/2012 to remediate production casing leak, pumped 150 sx of 15.8 and 17# Class G cement total, drilled out cement and pressure tested below casing leak to 1,000 psi (tested good), proceeded to drill out squeeze on MV 3, drilled out below MV 3 squeeze and pressure tested to 1,000 psi (tested good), land tbg @ 8,224' w/ 260 jts on 7/3/2012, attempting to return well to production.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Sandra Salazar

Title: Permit Technician II Date: 8/1/2012 Email : sandra.salazar@wpenergy.com

### **Attachment Check List**

Att Doc Num	Name
400311386	FORM 5A SUBMITTED
400311397	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)