

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:

2171835

Date Received:

09/25/2012

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: ANNIE SMITH
Phone: (303) 606-4363
Fax: (303) 629-8275

5. API Number 05-045-15947-00
6. County: GARFIELD
7. Well Name: CHEVRON
Well Number: TR 422-30-597
8. Location: QtrQtr: NESW Section: 30 Township: 5S Range: 97W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type:
Treatment Date: 08/27/2008 End Date: 09/05/2008 Date of First Production this formation: 09/05/2008
Perforations Top: 6088 Bottom: 7991 No. Holes: 184 Hole size: 36/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

8,250 GAL 10% HCL ACID, 28,532 BBLS SLICKWATER, 950,783 LBS 20/40 SAND.

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: 09/19/2008 Hours: 24 Bbl oil: Mcf Gas: 1100 Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: FLOWING Casing PSI: 1550 Tubing PSI: 1300 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1082 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7922 Tbg setting date: 09/10/2008 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:

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

Signed: _____ Print Name: ANNIE SMITH

Title: ENGINEER TECH Date: 9/3/2001 Email ANNIE.SMITH@WILLIAMS.COM
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Attachment Check List

Att Doc Num	Name
2171835	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)