

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:  
400332937

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 05-045-20984-00  
6. County: GARFIELD  
7. Well Name: Jolley Well Number: KP 524-8  
8. Location: QtrQtr: SESW Section: 8 Township: 6S Range: 91W Meridian: 6  
9. Field Name: KOKOPELLI Field Code: 47525

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/08/2012 End Date: 06/09/2012 Date of First Production this formation: 06/13/2012

Perforations Top: 6264 Bottom: 7103 No. Holes: 81 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

1500 Gals 7 1/2% HCL; 481800#30/50, 24000 100-mesh Sand; 14546 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 commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 14582 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): 0.69  
Total acid used in treatment (bbl): 35 Number of staged intervals: 3  
Recycled water used in treatment (bbl): 14546 Flowback volume recovered (bbl): 10520  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 505800 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 09/29/2012 Hours: 5 Bbl oil: 0 Mcf Gas: 153 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 737 Bbl H2O: 0 GOR: 0  
Test Method: flowing Casing PSI: 412 Tubing PSI: 268 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1171 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6668 Tbg setting date: 06/13/2012 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
400332940	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)