

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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08/17/2012

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: <u>96850</u>	4. Contact Name: <u>Angela Neifert-Kraiser</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 606-4398</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8272</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-20426-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Federal</u>	Well Number: <u>PA 541-29</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>28</u> Township: <u>6S</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	

Completed Interval

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

Treatment Date: 11/30/2011 End Date: 12/09/2011 Date of First Production this formation: 12/11/2011

Perforations Top: 5892 Bottom: 8014 No. Holes: 168 Hole size: _____

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

4019 Gals 7 1/2% HCL; 990200# 40/70 Sand; 28655 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): 32674 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): 0.65

Total acid used in treatment (bbl): 4019 Number of staged intervals: 8

Recycled water used in treatment (bbl): 28655 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 990200 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/18/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 965 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 965 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 779 Tubing PSI: 474 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1073 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7800 Tbg setting date: 01/04/2012 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: 8/17/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
400317357	FORM 5A SUBMITTED
400317363	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)