

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with 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: ANGELA J. NEIFERET-KRAISER
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-19486-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: KP 332-18
8. Location: QtrQtr: NWSE Section: 18 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: COZZETTE Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7731 Bottom: 7766 No. Holes: 20 Hole size: 35/100

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

503 GALS 7 1/2% HCL; 131647 # 20/40 SAND; 3134 BBLS SLICKWATER (SUMMARY).

This formation is commingled with another formation: [] Yes [X] 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: NOT PROFITABLE.

Date formation Abandoned: 09/21/2011 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 7710 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: CORCORAN Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7936 Bottom: 7985 No. Holes: 20 Hole size: 35/100

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

587 GALS 7 1/2% HCL; 84600# 20/40 SAND; 3611 BBLs SLICKWATER (SUMMARY)

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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: NOT PROFITABLE.

Date formation Abandoned: 09/21/2011 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7710 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: ROLLINS Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7152 Bottom: 7214 No. Holes: 20 Hole size: 35/100

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

487 GALS 7 1/2% HCL; 102578# 20/40 SAND; 4319 BBLs SLICKWATER (SUMMARY)

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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: **NOT PROFITABLE.**

Date formation Abandoned: 09/21/2011 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7130 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____

Treatment Date: 08/01/2011 End Date: _____ Date of First Production this formation: 08/03/2011

Perforations Top: 5138 Bottom: 7037 No. Holes: 204 Hole size: 35/100

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

3984 GALS 7 1/2% HCL; 1044018# 20/40 SAND; 44238 BBLS SLICKWATER (SUMMARY).

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: 10/31/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 843 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 843 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 362 Tubing PSI: 289 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1056 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6271 Tbg setting date: 09/26/2011 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: FORM 5 DOC #2237037

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

Signed: _____ Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY Date: 2/21/2012 Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name
2237035	FORM 5A SUBMITTED
2237036	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	on hold pending form 5 approval.	8/16/2012 3:59:12 PM
Data Entry	CHECK REASON FOR NON-PRODUCTION FOR FORMATIONS COZZ, CRCRN, AND ROLLINS.	6/28/2012 1:51:04 PM

Total: 2 comment(s)