

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



Table with columns DE, ET, OE, ES

Document Number: 400291355

Date Received: 06/08/2012

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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-103-11675-00
6. County: RIO BLANCO
7. Well Name: Federal RGU
Well Number: 524-24-198
8. Location: QtrQtr: NWNE Section: 25 Township: 1S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/31/2011 End Date: 10/31/2011 Date of First Production this formation: 10/21/2011

Perforations Top: 11880 Bottom: 12037 No. Holes: 17 Hole size: 0.35

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

835 gal 10% HCL; 90770# 100-Mesh Sand; 3541 BBL's Slickwater.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 3561 Max pressure during treatment (psi): 8071

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): 0.67

Total acid used in treatment (bbl): 20 Number of staged intervals: 1

Recycled water used in treatment (bbl): 3541 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 90770 Rule 805 green completion techniques were utilized: [X]

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:

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.

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/19/2011 End Date: 10/31/2011 Date of First Production this formation: 10/21/2011

Perforations Top: 12064 Bottom: 12419 No. Holes: 40 Hole size: 0.35

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

2042 gal 10% HCL; 169487# 100-Mesh Sand; 94305# 30/50 Sand; 9742 BBL's Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9790 Max pressure during treatment (psi): 8224

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): 0.59

Total acid used in treatment (bbl): 48 Number of staged intervals: 3

Recycled water used in treatment (bbl): 9742 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 263792 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: _____

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.

FORMATION: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/18/2011 End Date: 10/19/2011 Date of First Production this formation: 10/21/2011
Perforations Top: 12438 Bottom: 12637 No. Holes: 24 Hole size: 0.35

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

1125 gal 10% HCL; 21619# 100-Mesh Sand; 174630# 30/50 Sand; 7038 BBLs Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7065 Max pressure during treatment (psi): 8224

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): 0.59

Total acid used in treatment (bbl): 27 Number of staged intervals: 2

Recycled water used in treatment (bbl): 7038 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 196249 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: _____

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.

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

Treatment Date: 11/04/2011 End Date: 11/18/2011 Date of First Production this formation: 10/21/2011
Perforations Top: 9196 Bottom: 11620 No. Holes: 197 Hole size: 0.35

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

9000 gal 10% HCL; 307558# 100-Mesh Sand; 1077712# 30/50 Sand; 50914 BBLs Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 51128 Max pressure during treatment (psi): 8250

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): 0.49

Total acid used in treatment (bbl): 214 Number of staged intervals: 9

Recycled water used in treatment (bbl): 50914 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1385270 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: _____

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.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/18/2011 End Date: 11/18/2011 Date of First Production this formation: 10/21/2011
Perforations Top: 9169 Bottom: 12637 No. Holes: 278 Hole size: 0.35

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

13002 gal 10% HCL; 1346647# 30/50 Sand; 589434# 100-Mesh Sand; 71236 BBLS Slickwater.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 71545 Max pressure during treatment (psi): 8250

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): 0.49

Total acid used in treatment (bbl): 309 Number of staged intervals: 13

Recycled water used in treatment (bbl): 71236 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 1936081 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/02/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1452 Bbl H2O: 0

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

Test Method: Flowing Casing PSI: 2480 Tubing PSI: 2114 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 11579 Tbg setting date: 12/09/2011 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: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Julie Lawson
Title: Permit Tech II Date: 6/8/2012 Email julie.lawson@wpenergy.com

Attachment Check List

Att Doc Num	Name
400291355	FORM 5A SUBMITTED
400291366	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	On hold pending form 5 approval.permit portion approved 10/22/12. dhs	7/5/2012 2:30:00 PM
Permit	corrected max(min) frac gradient to .49 for WFCM and WF-ILES per oper.	6/25/2012 2:47:41 PM

Total: 2 comment(s)