

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/09/2012 End Date: 08/16/2012 Date of First Production this formation: 08/12/2012
Perforations Top: 5332 Bottom: 7325 No. Holes: 132 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole:
3000 Gals 7 1/2% HCL; 730000 # 30/50 Sand; 172000 100/Mesh; 23046 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 23118 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): 0.80
Total acid used in treatment (bbl): 71 Number of staged intervals: 6
Recycled water used in treatment (bbl): 23046 Flowback volume recovered (bbl): 13921
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 902000 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 983 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 983 Bbl H2O: 0 GOR: _____
Test Method: Flowing Casing PSI: 2097 Tubing PSI: 1993 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7090 Tbg setting date: 08/28/2012 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:
• All flowback water entries are total estimates based on commingled volumes.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Sandra Salazar
Title: Permit Technician II Date: _____ Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Name
400366615	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)