

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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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 4. Contact Name: Sandra Salazar
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
3. Address: 1001 17TH STREET - SUITE #1200 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8268

5. API Number 05-045-20458-00 6. County: GARFIELD
7. Well Name: Savage Well Number: RWF 442-34
8. Location: QtrQtr: SWNW Section: 35 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

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

Treatment Date: 08/27/2012 End Date: 10/19/2012 Date of First Production this formation: 08/28/2012

Perforations Top: 5755 Bottom: 7777 No. Holes: 134 Hole size: 35/100

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

2002 Gals 7 1/2% HCL; 699400 # 30/50 Sand; 161000 100/Mesh; 25633 Bbls Slickwater (Summary)

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

Total fluid used in treatment (bbl): 25680 Max pressure during treatment (psi): 6163

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): 0.81

Total acid used in treatment (bbl): 47 Number of staged intervals: 6

Recycled water used in treatment (bbl): 25633 Flowback volume recovered (bbl): 21359

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

Total proppant used (lbs): 860400 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: 11/30/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1045 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1045 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1886 Tubing PSI: 1686 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1119 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7543 Tbg setting date: 11/01/2012 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
400377782	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)