

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400382096

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  
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: Matt Barber  
Phone: (303) 606-4385  
Fax: (303) 629-8268

5. API Number 05-103-11874-00  
6. County: RIO BLANCO  
7. Well Name: Federal  
Well Number: RGU 321-36-198  
8. Location: QtrQtr: LOT14 Section: 25 Township: 1S Range: 98W Meridian: 6  
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/14/2012 End Date: 11/21/2012 Date of First Production this formation: 11/22/2012

Perforations Top: 11843 Bottom: 12143 No. Holes: 33 Hole size: 35/100

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

748 gals 10% HCL; 13,500# 20/40; 137,400# 30/50; 30150# 100-MESH; 6,277 BBLS SLICKWATER

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6295

Max pressure during treatment (psi): 4665

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): 0.63

Total acid used in treatment (bbl): 18

Number of staged intervals: 2

Recycled water used in treatment (bbl): 6277

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 181050

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: <u>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/14/2012</u>		End Date: <u>11/21/2012</u>		Date of First Production this formation: <u>11/22/2012</u>	
Perforations	Top: <u>12207</u>	Bottom: <u>12459</u>	No. Holes: <u>37</u>	Hole size: <u>35/100</u>	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

917 gals 10% HCL; 12,500# 20/40; 152,000# 30/50; 33,750# 100-MESH; 6939 BBLS SLICKWATER

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): <u>6961</u>	Max pressure during treatment (psi): <u>4330</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.62</u>
Total acid used in treatment (bbl): <u>22</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>6939</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>198250</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: <u>WILLIAMS FORK-ILES</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>10/31/2012</u>		End Date: <u>11/21/2012</u>		Date of First Production this formation: <u>11/30/2012</u>	
Perforations	Top: <u>10030</u>	Bottom: <u>12459</u>	No. Holes: <u>186</u>	Hole size: <u>35/100</u>	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

4,142 gals 10% HCL; 66,000# 20/40; 816,950# 30/50; 120,600# 100-MESH; 35,229 BBLS SLICKWATER

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): <u>35327</u>	Max pressure during treatment (psi): <u>5103</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.62</u>
Total acid used in treatment (bbl): <u>98</u>	Number of staged intervals: <u>9</u>
Recycled water used in treatment (bbl): <u>35229</u>	Flowback volume recovered (bbl): <u>20297</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1003550</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>12/31/2012</u>	Hours: <u>24</u>	Bbl oil: _____	Mcf Gas: <u>2142</u>	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: _____	Mcf Gas: <u>2142</u>	Bbl H2O: _____	GOR: _____
Test Method: <u>Flowing</u>	Casing PSI: <u>2176</u>	Tubing PSI: <u>1567</u>	Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1053</u>	API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>12131</u>	Tbg setting date: <u>11/29/2012</u>	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 Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/14/2012 End Date: 11/21/2012 Date of First Production this formation: 11/22/2012

Perforations Top: 10030 Bottom: 11335 No. Holes: 116 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

2,477 gals 10% HCL; 40,000# 20/40; 527,550# 30/50; 56,700# 100-MESH; 22,012 BBLS SLICKWATER

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 22071 Max pressure during treatment (psi): 5103

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): 0.63

Total acid used in treatment (bbl): 59 Number of staged intervals: 5

Recycled water used in treatment (bbl): 22012 Flowback volume recovered (bbl): \_\_\_\_\_

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

Total proppant used (lbs): 624250 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.

Comment:

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

Signed: \_\_\_\_\_ Print Name: Matt Barber

Title: Sr. Regulatory Specialist Date: \_\_\_\_\_ Email: matt.barber@wpenergy.com

**Attachment Check List**

Att Doc Num	Name
400382171	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)