

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



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Document Number:

400399898

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 05-103-11924-00
6. County: RIO BLANCO
7. Well Name: Federal
Well Number: RGU 344-36-198
8. Location: QtrQtr: Lot 10 Section: 36 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: 02/05/2013 End Date: 02/09/2013 Date of First Production this formation: 02/14/2013

Perforations Top: 11677 Bottom: 11744 No. Holes: 12 Hole size: 35/100

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

250 gals 10% HCL; 4,375# 20/40; 50,440# 30/50; 9,503# 100-MESH; 2,371 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 2376 Max pressure during treatment (psi): 4323

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): 0.68

Total acid used in treatment (bbl): 5 Number of staged intervals: 1

Recycled water used in treatment (bbl): 2371 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 64318 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>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/05/2013</u>		End Date: <u>02/09/2013</u>		Date of First Production this formation: <u>02/14/2013</u>	
Perforations	Top: <u>11777</u>	Bottom: <u>12108</u>	No. Holes: <u>26</u>	Hole size: <u>35/100</u>	

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

568 gals 10% HCL; 9,147# 20/40; 110,128# 30/50; 20,937# 100-MESH; 5,038 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>5052</u>	Max pressure during treatment (psi): <u>4323</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>0.66</u>
Total acid used in treatment (bbl): <u>14</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>5038</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>140212</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>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/05/2013</u>		End Date: <u>02/09/2013</u>		Date of First Production this formation: <u>02/14/2013</u>	
Perforations	Top: <u>12133</u>	Bottom: <u>12393</u>	No. Holes: <u>33</u>	Hole size: <u>35/100</u>	

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

681 gals 10% HCL; 12,727# 20/40; 160,393# 30/50; 30,594# 100-MESH; 7000 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>7016</u>	Max pressure during treatment (psi): <u>4820</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>0.60</u>
Total acid used in treatment (bbl): <u>16</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>7000</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>203714</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 - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/05/2013</u>		End Date: <u>02/09/2013</u>		Date of First Production this formation: <u>02/14/2013</u>	
Perforations	Top: <u>9623</u>	Bottom: <u>11246</u>	No. Holes: <u>141</u>	Hole size: <u>35/100</u>	

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

3,000 gals 10% HCL; 58,309# 20/40; 747,934# 30/50; 36,493# 100-MESH; 28,965 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): <u>29036</u>	Max pressure during treatment (psi): <u>4572</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>0.56</u>
Total acid used in treatment (bbl): <u>71</u>	Number of staged intervals: <u>6</u>
Recycled water used in treatment (bbl): <u>28965</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>842736</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: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 02/05/2013 End Date: 02/09/2013 Date of First Production this formation: 02/14/2013
Perforations Top: 9623 Bottom: 12393 No. Holes: 212 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

4,499 gals 10% HCL; 84,558# 20/40; 1,068,895# 30/50; 97,527# 100-MESH; 43,375 BBLs SLICKWATER

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

Total fluid used in treatment (bbl): 43482

Max pressure during treatment (psi): 4820

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): 0.56

Total acid used in treatment (bbl): 107

Number of staged intervals: 11

Recycled water used in treatment (bbl): 43375

Flowback volume recovered (bbl): 12953

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1250980

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/30/2013 Hours: 24 Bbl oil: _____ Mcf Gas: 1519 Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 1519 Bbl H2O: _____ GOR: _____
Test Method: Flowing Casing PSI: 3091 Tubing PSI: 2324 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1077 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 12010 Tbg setting date: 02/15/2013 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
400399924	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)