

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, reoperation 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: Matt Barber
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385
3. Address: 1001 17TH STREET - SUITE #1200 City: DENVER State: CO Zip: 80202 Fax: (303) 629-8268

5. API Number 05-103-11926-00 6. County: RIO BLANCO
7. Well Name: Federal Well Number: RGU 433-36-198
8. Location: QtrQtr: LOT10 Section: 36 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: 01/28/2013 End Date: 02/22/2013 Date of First Production this formation: 02/10/2013

Perforations Top: 11887 Bottom: 11955 No. Holes: 12 Hole size: 35/100

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

240 gals 10% HCL; 4,800# 20/40; 60,581# 30/50; 11,513# 100-MESH; 2,655 BBLS SLICKWATER

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

Total fluid used in treatment (bbl): 2661 Max pressure during treatment (psi): 4524

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): 6 Number of staged intervals: 1

Recycled water used in treatment (bbl): 2655 Flowback volume recovered (bbl):

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

Total proppant used (lbs): 76894 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: ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/28/2013 End Date: 02/22/2013 Date of First Production this formation: 02/10/2013
Perforations Top: 11887 Bottom: 12307 No. Holes: 48 Hole size: 35/100

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

1,000 gals 10% HCL; 18,750# 20/40; 236,371# 30/50; 44,980# 100-MESH; 10,336 BBLs SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 10359 Max pressure during treatment (psi): 4524

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): 23 Number of staged intervals: 3

Recycled water used in treatment (bbl): 10336 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 300101 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: 446 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 446 Bbl H2O: _____ GOR: _____

Test Method: Flowing Casing PSI: 785 Tubing PSI: 819 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1061 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12058 Tbg setting date: 03/15/2013 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.

FORMATION: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/28/2013 End Date: 02/22/2013 Date of First Production this formation: 02/10/2013
Perforations Top: 11986 Bottom: 12307 No. Holes: 36 Hole size: 35/100

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

760 gals 10% HCL; 13,950# 20/40; 175,790# 30/50; 33,467# 100-MESH; 7,680 BBLS SLICKWATER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7698 Max pressure during treatment (psi): 4524

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): 7680 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 223207 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
400400024	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)