

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400314632 Date Received: 08/09/2012

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 05-045-19490-00 6. County: GARFIELD 7. Well Name: Chevron TR 8. Location: QtrQtr: NENE Section: 32 Township: 5s Range: 97w Meridian: 6 9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

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

Treatment Date: 09/20/2011 End Date: 09/28/2011 Date of First Production this formation: 10/12/2011 Perforations Top: 6533 Bottom: 8204 No. Holes: 158 Hole size: 0.35

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

4,000 gals 7.5% HCL; 941,866# 20/40 Sand; 23,523 Bbls Slickwater

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

Total fluid used in treatment (bbl): 23618 Max pressure during treatment (psi): Fluid density at initial fracture (lbs/gal): 8.43 Type of gas used in treatment: Min frac gradient (psi/ft): 0.46 Total acid used in treatment (bbl): 95 Number of staged intervals: 8 Recycled water used in treatment (bbl): 23523 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 941866 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: 11/30/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1235 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1235 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 1380 Tubing PSI: 1151 Choke Size: 12/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1063 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8032 Tbg setting date: 10/11/2011 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: 8/9/2012 Email matt.barber@wpenergy.com  
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**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400314632   | FORM 5A SUBMITTED |
| 400314640   | WELLBORE DIAGRAM  |

Total Attach: 2 Files

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b> | <b><u>Comment Date</u></b> |
|--------------------------|-----------------------|----------------------------|
|                          |                       |                            |

Total: 0 comment(s)