

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:
400397868

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.

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| 1. OGCC Operator Number: <u>96850</u> | 4. Contact Name: <u>Sandra Salazar</u> |
| 2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> | Phone: <u>(303) 629-8456</u> |
| 3. Address: <u>1001 17TH STREET - SUITE #1200</u> | Fax: <u>(303) 629-8268</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | |

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|--|--------------------------------|
| 5. API Number <u>05-045-21477-00</u> | 6. County: <u>GARFIELD</u> |
| 7. Well Name: <u>Hoeppli</u> | Well Number: <u>RWF 424-36</u> |
| 8. Location: QtrQtr: <u>SENW</u> Section: <u>36</u> Township: <u>6S</u> Range: <u>94W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>RULISON</u> Field Code: <u>75400</u> | |

Completed Interval

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

Treatment Date: 01/16/2013 End Date: 01/24/2013 Date of First Production this formation: 01/20/2013

Perforations Top: 6960 Bottom: 8984 No. Holes: 148 Hole size: 35/100

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

3755 Gals 7 1/2% HCL; 784100 # 30/50 Sand; 153600 100/Mesh; 27311 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 27401 Max pressure during treatment (psi): 6276

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): 0.70

Total acid used in treatment (bbl): 89 Number of staged intervals: 7

Recycled water used in treatment (bbl): 27311 Flowback volume recovered (bbl): 13636

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

Total proppant used (lbs): 937700 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 726 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 726 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2482 Tubing PSI: 2036 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1082 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8754 Tbg setting date: 02/01/2013 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:

• 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 |
|-------------|------------------|
| 400401810 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| User Group | Comment | Comment Date |
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Total: 0 comment(s)