

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:

2287144

Date Received:

01/24/2012

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 05-045-20269-00
6. County: GARFIELD
7. Well Name: CDOW
Well Number: KP 321-22
8. Location: QtrQtr: SENW Section: 22 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/26/2011 End Date: 09/04/2011 Date of First Production this formation: 09/07/2011

Perforations Top: 7147 Bottom: 7149 No. Holes: 4 Hole size: 35/100

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

45 GALS 7-1/2% HCL; 8,068# 20/40 SAND; 96 BBLS SLICKWATER.

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

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

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

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

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

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

Total proppant used (lbs): 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>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/26/2011</u>		End Date: <u>09/04/2011</u>		Date of First Production this formation: <u>09/07/2011</u>	
Perforations	Top: <u>5086</u>	Bottom: <u>7113</u>	No. Holes: <u>203</u>	Hole size: <u>35/100</u>	

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

4,161 GALS-7 1/2% HCL; 1,157,171# 20/40 SAND; 47,925 BBLS SLICKWATER.

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

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input 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 FK-ROLLINS-CAMEO Status: COMMINGLED Treatment Type: _____
Treatment Date: 08/26/2011 End Date: 09/04/2011 Date of First Production this formation: 09/07/2011
Perforations Top: 5086 Bottom: 7149 No. Holes: 207 Hole size: 35/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

4,206 GALS 7-1/2% HCL; 1,165,239# 20/40 SAND; 48,021 BBLS SLICKWATER (SUMMARY).

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/24/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 1501 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1501 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 994 Tubing PSI: 507 Choke Size: 32/60
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1203 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6242 Tbg setting date: 09/06/2011 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:

FORM 5 DOC# 2287141

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: 12/30/2011 Email: matt.barber@wpenergy.com

Attachment Check List

Att Doc Num	Name
2287144	FORM 5A SUBMITTED
2287145	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	form 5 approved; added treatment end date.	4/23/2013 11:35:29 AM
Permit	on hold pending receipt of form 5	3/8/2012 9:36:02 AM

Total: 2 comment(s)