

Completed Interval

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

Treatment Date: 02/14/2013 End Date: 02/16/2013 Date of First Production this formation: 02/18/2013

Perforations Top: 3913 Bottom: 5424 No. Holes: 119 Hole size: 35/100

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

554800#40/70 Sand; 15213 Bbls Slickwater; (Summary)
*All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: Yes No

Total fluid used in treatment (bbl): 15213 Max pressure during treatment (psi): 3038

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): 0.58

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

Recycled water used in treatment (bbl): 15213 Flowback volume recovered (bbl): 5594

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

Total proppant used (lbs): 554800 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/01/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

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

Test Method: flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1067 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5269 Tbg setting date: 03/04/2013 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: Angela Neifert-Kraiser

Title: Regulatory Specialist Date: _____ Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)