

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/24/2013 End Date: 01/30/2013 Date of First Production this formation: 01/31/2013
Perforations Top: 5647 Bottom: 7382 No. Holes: 133 Hole size: 35/100

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

793000#40/70 Sand; 22147 Bbls Slickwater; (Summary)
*All flowback water entries are total estimates based on comingled volumes.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 22147 Max pressure during treatment (psi): 3041
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): 0.60
Total acid used in treatment (bbl): _____ Number of staged intervals: 6
Recycled water used in treatment (bbl): 22147 Flowback volume recovered (bbl): 6892
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 793000 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/30/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 421 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 421 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 848 Tubing PSI: 471 Choke Size: 15/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1032 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7200 Tbg setting date: 02/25/2013 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
400414389	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)