

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:
400468731

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.

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: Sandra Salazar
Phone: (303) 629-8456
Fax: (303) 629-8268

5. API Number 05-045-21660-00
6. County: GARFIELD
7. Well Name: DUggan Well Number: RWF 524-29
8. Location: QtrQtr: LOT5 Section: 29 Township: 6S Range: 94W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/19/2013 End Date: 06/26/2013 Date of First Production this formation: 06/22/2013
Perforations Top: 5928 Bottom: 7851 No. Holes: 128 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole:

1548 Gals 7 1/2% HCL; 768900 # 40/70 Sand: 21024 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 21061

Max pressure during treatment (psi): 6759

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): 0.89

Total acid used in treatment (bbl): 36

Number of staged intervals: 6

Recycled water used in treatment (bbl): 21024

Flowback volume recovered (bbl): 10522

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 768900

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1239 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1239 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1570 Tubing PSI: 1422 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1081 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7705 Tbg setting date: 07/16/2013 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 |
|-------------|------------------|
| 400468740 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
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| | | |

Total: 0 comment(s)