

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400438490

Date Received:  
06/24/2013

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: <u>96850</u>	4. Contact Name: <u>Michele Weybright</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 629-8449</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>	

5. API Number <u>05-045-21691-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Lantz</u>	Well Number: <u>SG 333-23</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>23</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

### Completed Interval

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

Treatment Date: 04/08/2013 End Date: 04/12/2013 Date of First Production this formation: 04/10/2013

Perforations Top: 4041 Bottom: 5421 No. Holes: 94 Hole size: 35/100

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

552800# 40/70 Sand; 14651 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): 14651 Max pressure during treatment (psi): 3726

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): 0.68

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 4

Recycled water used in treatment (bbl): 14651 Flowback volume recovered (bbl): 6886

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

Total proppant used (lbs): 552800 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 06/01/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 905 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 905 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 987 Tubing PSI: 528 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1062 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5287 Tbg setting date: 04/22/2013 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: Michele L Weybright

Title: Permit Technician I Date: 6/24/2013 Email michele.weybright@wpenergy.com

### Attachment Check List

Att Doc Num	Name
400438490	FORM 5A SUBMITTED
400438512	WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)