

Completed Interval

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

Treatment Date: 04/05/2013 End Date: 04/12/2013 Date of First Production this formation: 04/08/2013

Perforations Top: 3876 Bottom: 5388 No. Holes: 114 Hole size: 35/100

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

625500 # 40/70 Sand; 17175 Bbls Slickwater; (Summary)
*All flowback water entries are total estimates based on commingled volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 17175 Max pressure during treatment (psi): 3054

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): 0.67

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

Recycled water used in treatment (bbl): 17175 Flowback volume recovered (bbl): 7135

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

Total proppant used (lbs): 625500 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: 1246 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1246 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1233 Tubing PSI: 1162 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1068 API Gravity Oil: 0

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.

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 |
|-------------|-------------------|
| 400438594 | FORM 5A SUBMITTED |
| 400438603 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)