

Completed Interval

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

Treatment Date: 05/14/2013 End Date: 05/21/2013 Date of First Production this formation: 05/19/2013

Perforations Top: 6012 Bottom: 7772 No. Holes: 132 Hole size: 35/100

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

895000# 40/70 Sand; 25042 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): 25042

Max pressure during treatment (psi): 5837

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.65

Total acid used in treatment (bbl): _____

Number of staged intervals: 6

Recycled water used in treatment (bbl): 25042

Flowback volume recovered (bbl): 10632

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 895000

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/30/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 783 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 783 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1432 Tubing PSI: 926 Choke Size: 15/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1028 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7553 Tbg setting date: 06/18/2013 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: 7/26/2013 Email: michele.weybright@wpenergy.com

Attachment Check List

Att Doc Num	Name
400457189	FORM 5A SUBMITTED
400457263	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)