

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:

400503354

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                     | 4. Contact Name: Michele Weybright |
| 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC | Phone: (303) 629-8449              |
| 3. Address: 1001 17TH STREET - SUITE #1200         | Fax: (303) 629-8268                |
| City: DENVER State: CO Zip: 80202                  |                                    |

|   |                       |
|---|-----------------------|
| 5. API Number 05-045-21751-00   | 6. County: GARFIELD   |
| 7. Well Name: Strait  | Well Number: SG 42-22 |
| 8. Location: QtrQtr: LOT7 Section: 22 Township: 7S Range: 96W Meridian: 6 |                       |
| 9. Field Name: GRAND VALLEY   | Field Code: 31290     |

### Completed Interval

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

Treatment Date: 09/11/2013 End Date: 09/16/2013 Date of First Production this formation: 09/16/2013

Perforations Top: 3802 Bottom: 5368 No. Holes: 144 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

814600# 40/70 Sand; 21289 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): 21289

Max pressure during treatment (psi): 3882

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): 0.61

Total acid used in treatment (bbl): \_\_\_\_\_

Number of staged intervals: 6

Recycled water used in treatment (bbl): 21289

Flowback volume recovered (bbl): 7400

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 814600

Rule 805 green completion techniques were utilized: ☒

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

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

#### Test Information:

Date: 10/26/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 743 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 743 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1106 Tubing PSI: 859 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1025 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5208 Tbg setting date: 09/21/2013 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: \_\_\_\_\_ Email: michele.veybright@wpenergy.com

### Attachment Check List

**Att Doc Num** **Name**

400503358 WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

**User Group** **Comment** **Comment Date**

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Total: 0 comment(s)