

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:
400520458

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: Michele Weybright
Phone: (303) 629-8449
Fax: (303) 629-8268

5. API Number 05-045-21864-00
6. County: GARFIELD
7. Well Name: Federal Well Number: PA 411-27
8. Location: QtrQtr: LOT6 Section: 27 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 10/08/2013 End Date: 10/15/2013 Date of First Production this formation: 10/09/2013

Perforations Top: 6029 Bottom: 8332 No. Holes: 168 Hole size: 35/100

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

1285000# 40/70 Sand; 33455 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): 33455	Max pressure during treatment (psi): 5631
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): 0.71
Total acid used in treatment (bbl): _____	Number of staged intervals: 8
Recycled water used in treatment (bbl): 33455	Flowback volume recovered (bbl): 14462
Fresh water used in treatment (bbl): _____	Disposition method for flowback: RECYCLE
Total proppant used (lbs): 1285000	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/16/2013	Hours: 24	Bbl oil: 0	Mcf Gas: 1050	Bbl H2O: 0
Calculated 24 hour rate:	Bbl oil: 0	Mcf Gas: 1050	Bbl H2O: 0	GOR: 0
Test Method: FLOWING	Casing PSI: 2018	Tubing PSI: 1610	Choke Size: 11/64	
Gas Disposition: SOLD	Gas Type: DRY	Btu Gas: 1071	API Gravity Oil: 0	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7867	Tbg setting date: 10/24/2013	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.weybright@wpenergy.com

Attachment Check List

Att Doc Num	Name
400520482	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)