

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: GINA RANDOLPH Phone: (303) 260-4509 Fax: (303) 629-8268 Email: GINA.RANDOLPH@WPXENERGY.COM

5. API Number 05-045-21799-00 6. County: GARFIELD 7. Well Name: Federal 8. Location: QtrQtr: LOT2 Section: 5 Township: 7S Range: 93W Meridian: 6 9. Field Name: RULISON Field Code: 75400

Completed Interval

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

Treatment Date: 12/21/2013 End Date: 12/27/2013 Date of First Production this formation: 12/21/2013

Perforations Top: 7900 Bottom: 9473 No. Holes: 126 Hole size: 35/100

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

1613 Gals 7 1/2% HCL; 673600# 40/70 Sand; 18900 Bbls Slickwater (Summary)

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 18938 Max pressure during treatment (psi): 7526 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: 6 Recycled water used in treatment (bbl): 18938 Flowback volume recovered (bbl): 8920 Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE Total proppant used (lbs): 673600 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/18/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1091 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1091 Bbl H2O: 0 GOR: 0 Test Method: FLOWING Casing PSI: 2195 Tubing PSI: 1900 Choke Size: 9/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1157 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9321 Tbg setting date: 01/10/2014 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:

All flowback water entries are total estimates based on commingled volumes.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: GINA RANDOLPH
Title: PERMIT TECH II Date: _____ Email GINA.RANDOLPH@WPXENERGY.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400553013	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)