

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:
400556766

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: <u>96850</u>	4. Contact Name: <u>Michele Weybright</u>
2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(303) 629-8449</u>
3. Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>(303) 629-8268</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>michele.veybright@wpxenergy.com</u>

5. API Number <u>05-103-11900-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>Federal</u>	Well Number: <u>RG 411-23-298</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>14</u> Township: <u>2S</u> Range: <u>98W</u> Meridian: <u>6</u>	
9. Field Name: <u>SULPHUR CREEK</u> Field Code: <u>80090</u>	

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2013 End Date: 12/01/2013 Date of First Production this formation: 12/14/2013
Perforations Top: 10248 Bottom: 10460 No. Holes: 24 Hole size: 35/100

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

500 Gals 10% HCL; 127887# 40/70 Sand; 8750# 20/40 Sand; 4747 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4758 Max pressure during treatment (psi): 4616
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): 0.62
Total acid used in treatment (bbl): 11 Number of staged intervals: 1
Recycled water used in treatment (bbl): 4747 Flowback volume recovered (bbl): 28456
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 136637 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
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.

FORMATION: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2013 End Date: 11/30/2013 Date of First Production this formation: 12/14/2013

Perforations Top: 10594 Bottom: 10896 No. Holes: 48 Hole size: 35/100

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

1000 Gals 10% HCL; 243905# 40/70 Sand; 18250# 20/40 Sand; 9206 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9229 Max pressure during treatment (psi): 4616

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): 0.62

Total acid used in treatment (bbl): 23 Number of staged intervals: 2

Recycled water used in treatment (bbl): 9206 Flowback volume recovered (bbl): 28456

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

Total proppant used (lbs): 262155 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

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

Treatment Date: 12/01/2013 End Date: 12/06/2013 Date of First Production this formation: 12/14/2013
Perforations Top: 7046 Bottom: 9818 No. Holes: 232 Hole size: 35/100

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

5000 Gals 10% HCL; 1223157# 40/70 Sand; 83750# 20/40 Sand; 44622 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 44741 Max pressure during treatment (psi): 4616

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): 0.62

Total acid used in treatment (bbl): 119 Number of staged intervals: 10

Recycled water used in treatment (bbl): 44622 Flowback volume recovered (bbl): 28456

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

Total proppant used (lbs): 1306907 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

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

Treatment Date: 11/30/2013 End Date: 12/06/2013 Date of First Production this formation: 12/14/2013
Perforations Top: 7046 Bottom: 10896 No. Holes: 304 Hole size: 35/100

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

6500 Gals 10% HCL; 1594949# 40/70 Sand; 110750# 20/40 Sand; 58575 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 58729 Max pressure during treatment (psi): 4616

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): 0.62

Total acid used in treatment (bbl): 154 Number of staged intervals: 13

Recycled water used in treatment (bbl): 58575 Flowback volume recovered (bbl): 28456

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

Total proppant used (lbs): 1705699 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/28/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1728 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1728 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2284 Tubing PSI: 1616 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1100 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9963 Tbg setting date: 12/15/2013 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:
*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: Michele L Weybright
Title: Permit Technician I Date: _____ Email: michele.weybright@wpenergy.com

Attachment Check List

Att Doc Num	Name
400556872	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)