

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:

400563119

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: Angela Neifert-Kraiser
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC	Phone: (303) 606-4398
3. Address: 1001 17TH STREET - SUITE #1200	Fax: (303) 629-8272
City: DENVER State: CO Zip: 80202	Email: Angela.Neifert-Kraiser@WPXENERGY.COM

5. API Number 05-103-11785-00	6. County: RIO BLANCO
7. Well Name: Federal	Well Number: RGU 424-23-198
8. Location: QtrQtr: NESW Section: 23 Township: 1S Range: 98W Meridian: 6	
9. Field Name: SULPHUR CREEK	Field Code: 80090

Completed Interval

FORMATION: <u>CORCORAN</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/15/2013</u>		End Date: <u>06/15/2013</u>		Date of First Production this formation: <u>06/18/2013</u>	
Perforations	Top: <u>11670</u>	Bottom: <u>11916</u>	No. Holes: <u>26</u>	Hole size: <u>3 + 5/100</u>	

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

500 Gals 10% HCL; 109012#40/70 7875#20/40 Sand; 4637 Bbls Slickwater; (Summary)
 *All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>4648</u>	Max pressure during treatment (psi): <u>7368</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.63</u>
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>4637</u>	Flowback volume recovered (bbl): <u>27748</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>116887</u>	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: _____	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>SEGO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/15/2013</u>		End Date: <u>06/15/2013</u>		Date of First Production this formation: <u>06/18/2013</u>	
Perforations	Top: <u>12015</u>	Bottom: <u>12365</u>	No. Holes: <u>51</u>	Hole size: <u>3 + 5/100</u>	

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

1000 Gals 10% HCL; 206638#40/70 15000#20/40 Sand; 8925 Bbls Slickwater; (Summary)
 *All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>8949</u>	Max pressure during treatment (psi): <u>7330</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.61</u>
Total acid used in treatment (bbl): <u>24</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>8925</u>	Flowback volume recovered (bbl): <u>27748</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>206638</u>	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: _____	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>06/16/2013</u>		End Date: <u>06/17/2013</u>		Date of First Production this formation: <u>06/18/2013</u>	
Perforations	Top: <u>9780</u>	Bottom: <u>10745</u>	No. Holes: <u>146</u>	Hole size: <u>3 + 5/100</u>	

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

3000 Gals 10% HCL; 49065#40/70 571570#40/70 Sand; 24297 Bbls Slickwater; (Summary)
 *All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>24369</u>	Max pressure during treatment (psi): <u>7476</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.56</u>
Total acid used in treatment (bbl): <u>71</u>	Number of staged intervals: <u>6</u>
Recycled water used in treatment (bbl): <u>24297</u>	Flowback volume recovered (bbl): <u>27748</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>620635</u>	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: _____	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/15/2013 End Date: 06/17/2013 Date of First Production this formation: 06/18/2013
Perforations Top: 9780 Bottom: 12365 No. Holes: 223 Hole size: 3 + 5/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

4500 Gals 10% HCL; 887220#40/70 71940#20/40 Sand; 37859 Bbls Slickwater; (Summary)
*All flowback water entries are total estimates based on comingled volumes.

This formation is comingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 37966 Max pressure during treatment (psi): 7476
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): 0.56
Total acid used in treatment (bbl): 107 Number of staged intervals: 9
Recycled water used in treatment (bbl): 37859 Flowback volume recovered (bbl): 27748
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 959160 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 1673 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1673 Bbl H2O: 0 GOR: 0
Test Method: flowing Casing PSI: 1172 Tubing PSI: 865 Choke Size: 1 + 8/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1080 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 12010 Tbg setting date: 07/12/2013 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: Angela Neifert-Kraiser
Title: Regulatory Specialist Date: _____ Email: angela.neifert-kraiser@wpenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400563303	WELLBORE DIAGRAM
400563304	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)