

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:

400567778

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	Email: michele.veybright@wpxenergy.com

5. API Number 05-103-11903-00	6. County: RIO BLANCO
7. Well Name: Federal	Well Number: RG 434-14-298
8. Location: QtrQtr: SESW Section: 14 Township: 2S 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>12/01/2013</u>		End Date: <u>12/01/2013</u>		Date of First Production this formation: <u>12/11/2013</u>	
Perforations	Top: <u>10345</u>	Bottom: <u>10631</u>	No. Holes: <u>28</u>	Hole size: <u>35/100</u>	

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

500 Gals 10% HCL; 78128# 40/70 Sand; 5000# 20/40 Sand; 3139 Bbls Slickwater; (Summary)

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

Total fluid used in treatment (bbl): <u>3150</u>	Max pressure during treatment (psi): <u>4332</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>0.62</u>
Total acid used in treatment (bbl): <u>11</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>3139</u>	Flowback volume recovered (bbl): <u>28456</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>83128</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: ☐ Yes ☐ No If yes, number of sacks cmt _____

** 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>11/30/2013</u>		End Date: <u>11/30/2013</u>		Date of First Production this formation: <u>12/11/2013</u>	
Perforations	Top: <u>10670</u>	Bottom: <u>10970</u>	No. Holes: <u>42</u>	Hole size: <u>35/100</u>	

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

1000 Gals 10% HCL; 262146# 40/70 Sand; 18750# 20/40 Sand; 9829 Bbls Slickwater; (Summary)

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

Total fluid used in treatment (bbl): <u>9852</u>	Max pressure during treatment (psi): <u>4332</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>0.62</u>
Total acid used in treatment (bbl): <u>23</u>	Number of staged intervals: <u>2</u>
Recycled water used in treatment (bbl): <u>9829</u>	Flowback volume recovered (bbl): <u>28456</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>280896</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: ☐ Yes ☐ No If yes, number of sacks cmt _____

** 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>12/01/2013</u>		End Date: <u>12/06/2013</u>		Date of First Production this formation: <u>12/11/2013</u>	
Perforations	Top: <u>7579</u>	Bottom: <u>9883</u>	No. Holes: <u>212</u>	Hole size: <u>35/100</u>	

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

4500 Gals 10% HCL; 1058485# 40/70 Sand; 75000# 20/40 Sand; 39542 Bbls Slickwater; (Summary)

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

Total fluid used in treatment (bbl): <u>39649</u>	Max pressure during treatment (psi): <u>4332</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>0.62</u>
Total acid used in treatment (bbl): <u>107</u>	Number of staged intervals: <u>9</u>
Recycled water used in treatment (bbl): <u>39542</u>	Flowback volume recovered (bbl): <u>28456</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1133485</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: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>WILLIAMS FORK-ILES</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>11/30/2013</u>		End Date: <u>12/06/2013</u>		Date of First Production this formation: <u>12/11/2013</u>	
Perforations	Top: <u>7579</u>	Bottom: <u>10970</u>	No. Holes: <u>282</u>	Hole size: <u>35/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="text"/>		

6000 Gals 10% HCL; 1398759# 40/70 Sand; 98750# 20/40 Sand; 52510 Bbls Slickwater; (Summary)

This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total fluid used in treatment (bbl):	<u>52652</u>	Max pressure during treatment (psi):	<u>4332</u>
Total gas used in treatment (mcf):	<u> </u>	Fluid density at initial fracture (lbs/gal):	<u>8.43</u>
Type of gas used in treatment:	<u> </u>	Min frac gradient (psi/ft):	<u>0.62</u>
Total acid used in treatment (bbl):	<u>142</u>	Number of staged intervals:	<u>12</u>
Recycled water used in treatment (bbl):	<u>52510</u>	Flowback volume recovered (bbl):	<u>28456</u>
Fresh water used in treatment (bbl):	<u> </u>	Disposition method for flowback:	<u>RECYCLE</u>
Total proppant used (lbs):	<u>1497509</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: <u>01/28/2014</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>1271</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>1271</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1968</u>	Tubing PSI: <u>1395</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1103</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>10157</u>	Tbg setting date: <u>12/18/2013</u>	Packer Depth: _____	
Reason for Non-Production:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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.veybright@wpenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400567798	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)