

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:  
400597174

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>05-045-22230-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>PA</u>	Well Number: <u>321-7</u>
8. Location: QtrQtr: <u>LOT 10</u> Section: <u>6</u> Township: <u>7S</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: <u>PARACHUTE</u> Field Code: <u>67350</u>	

### Completed Interval

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

Treatment Date: 03/24/2014 End Date: 03/30/2014 Date of First Production this formation: 03/24/2014

Perforations Top: 4689 Bottom: 6564 No. Holes: 141 Hole size: 35/100

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

1023551# 40/70 Sand; 28001 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): 28001 Max pressure during treatment (psi): 4785

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): 0.70

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 7

Recycled water used in treatment (bbl): 28001 Flowback volume recovered (bbl): 9691

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

Total proppant used (lbs): 1023551 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 04/13/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1446 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1446 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1642 Tubing PSI: 1331 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6367 Tbg setting date: 04/03/2014 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: \_\_\_\_\_

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
400597195	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)