

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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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: Sandra Salazar
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202 Email: sandra.salazar@wpxenergy.com

5. API Number 05-103-11791-00 6. County: RIO BLANCO
 7. Well Name: Federal Well Number: RG 312-14-298
 8. Location: QtrQtr: Lot 5 Section: 14 Township: 2S Range: 98W Meridian: 6
 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/15/2014 End Date: 03/15/2014 Date of First Production this formation: 03/14/2014

Perforations Top: 10197 Bottom: 10446 No. Holes: 30 Hole size: 35/100

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

500 Gals 10% HCL; 4909 Bbls Slickwater; 130806 # 40/70 Sand; 8750 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4921 Max pressure during treatment (psi): 5496

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): 0.65

Total acid used in treatment (bbl): 11 Number of staged intervals: 1

Recycled water used in treatment (bbl): 4909 Flowback volume recovered (bbl): 26246

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

Total proppant used (lbs): 139556 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: 03/14/2014 End Date: 03/15/2014 Date of First Production this formation: 03/14/2014
Perforations Top: 10487 Bottom: 10774 No. Holes: 41 Hole size: 35/100

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

1000 Gals 10% HCL; 8263 Bbls Slickwater; 215367 # 40/70 Sand; 15000 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 8287 Max pressure during treatment (psi): 5496

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): 0.65

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

Recycled water used in treatment (bbl): 8264 Flowback volume recovered (bbl): 26246

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

Total proppant used (lbs): 230367 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: 03/15/2014 End Date: 03/18/2014 Date of First Production this formation: 03/14/2014
Perforations Top: 7175 Bottom: 9681 No. Holes: 190 Hole size: 35/100

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

3550 Gals 10% HCL; 30541 Bbls Slickwater; 793591 # 40/70 Sand; 55751 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 30625 Max pressure during treatment (psi): 5496

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): 0.65

Total acid used in treatment (bbl): 84 Number of staged intervals: 8

Recycled water used in treatment (bbl): 30541 Flowback volume recovered (bbl): 26246

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

Total proppant used (lbs): 849342 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: 03/14/2014 End Date: 03/18/2014 Date of First Production this formation: 03/14/2014
Perforations Top: 7234 Bottom: 10841 No. Holes: 261 Hole size: 35/100

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

5050 Gals 10% HCL; 1836027 Bbls Slickwater; 1139764 # 40/70 Sand; 79501 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1836147 Max pressure during treatment (psi): 5496

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): 0.65

Total acid used in treatment (bbl): 120 Number of staged intervals: 11

Recycled water used in treatment (bbl): 1836027 Flowback volume recovered (bbl): 26246

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

Total proppant used (lbs): 1219265 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/30/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1501 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1501 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2188 Tubing PSI: 1675 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1118 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10057 Tbg setting date: 03/25/2014 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: Sandra Salazar
Title: Permit Technician II Date: _____ Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Name
400614140	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)