

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400640958

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>05-045-22149-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>WPX ENERGY</u>	Well Number: <u>PA 524-2</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>2</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: 05/13/2014 End Date: 05/16/2014 Date of First Production this formation: 05/15/2014
Perforations Top: 5643 Bottom: 7585 No. Holes: 129 Hole size: 35/100

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

989000# 40/70 Sand; 27024 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): <u>27024</u>	Max pressure during treatment (psi): <u>5628</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>0.69</u>
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>6</u>
Recycled water used in treatment (bbl): <u>27024</u>	Flowback volume recovered (bbl): <u>16972</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>989000</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>06/21/2014</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>1137</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>1137</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1774</u>	Tubing PSI: <u>1417</u>	Choke Size: <u>13/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1046</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7399</u>	Tbg setting date: <u>06/03/2014</u>	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
400640964	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)