

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:
400639754

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.

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|---|---|
| 1. OGCC Operator Number: <u>96850</u> | 4. Contact Name: <u>GINA RANDOLPH</u> |
| 2. Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> | Phone: <u>(303) 260-4509</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>GINA.RANDOLPH@WPXENERGY.COM</u> |

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|--|-------------------------------|
| 5. API Number <u>05-045-22266-00</u> | 6. County: <u>GARFIELD</u> |
| 7. Well Name: <u>C&C Energy</u> | Well Number: <u>GM 522-13</u> |
| 8. Location: QtrQtr: <u>SWSW</u> Section: <u>12</u> Township: <u>7S</u> Range: <u>96W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u> | |

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/16/2014 End Date: 06/19/2014 Date of First Production this formation: 06/17/2014
Perforations Top: 5339 Bottom: 6937 No. Holes: 128 Hole size: 35/100
Provide a brief summary of the formation treatment: _____ Open Hole:

6 STAGES; 814500 # 40/70 Sand: 22233 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 22234 Max pressure during treatment (psi): 4319
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): 0.58
Total acid used in treatment (bbl): 0 Number of staged intervals: 6
Recycled water used in treatment (bbl): 22234 Flowback volume recovered (bbl): 8376
Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
Total proppant used (lbs): 814500 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/01/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 974 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 974 Bbl H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1954 Tubing PSI: 1429 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1037 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6760 Tbg setting date: 06/26/2014 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: GINA RANDOLPH
Title: PERMIT TECH II Date: _____ Email: GINA.RANDOLPH@WPXENERGY.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400639762 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
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| | | |

Total: 0 comment(s)