

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-103-12075-00
6. County: RIO BLANCO
7. Well Name: FEDERAL
Well Number: RG 541-15-298
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: 03/22/2014
Perforations Top: 10266 Bottom: 10503 No. Holes: 24 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: [X]
500 Gals 10% HCL; 6140 Bbls Slickwater; 169333 # 40/70 Sand; 11250 # 20/40 Sand; (Summary)

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 6152 Max pressure during treatment (psi): 4890
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): 0.63
Total acid used in treatment (bbl): 11 Number of staged intervals: 1
Recycled water used in treatment (bbl): 6140 Flowback volume recovered (bbl): 26436
Fresh water used in treatment (bbl): Disposition method for flowback: RECYCLE
Total proppant used (lbs): 180583 Rule 805 green completion techniques were utilized: [X]
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: 03/22/2014

Perforations Top: 10550 Bottom: 10841 No. Holes: 48 Hole size: 35/100

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

1000 Gals 10% HCL; 8812 Bbls Slickwater; 229970 # 40/70 Sand; 16250 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 8836 Max pressure during treatment (psi): 4890

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): 0.63

Total acid used in treatment (bbl): 23 Number of staged intervals: 1

Recycled water used in treatment (bbl): 8812 Flowback volume recovered (bbl): 26436

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

Total proppant used (lbs): 246220 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: 03/22/2014
Perforations Top: 7234 Bottom: 9767 No. Holes: 212 Hole size: 35/100

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

4500 Gals 10% HCL; 30592 Bbls Slickwater; 779405 # 40/70 Sand; 56250 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 30699 Max pressure during treatment (psi): 4890

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): 0.63

Total acid used in treatment (bbl): 107 Number of staged intervals: 9

Recycled water used in treatment (bbl): 30592 Flowback volume recovered (bbl): 26436

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

Total proppant used (lbs): 835655 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: 03/22/2014
Perforations Top: 7234 Bottom: 10841 No. Holes: 284 Hole size: 35/100

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

6000 Gals 10% HCL; 1912943 Bbls Slickwater; 1178708 # 40/70 Sand; 83750 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 45677 Max pressure during treatment (psi): 4890

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): 0.63

Total acid used in treatment (bbl): 142 Number of staged intervals: 11

Recycled water used in treatment (bbl): 45534 Flowback volume recovered (bbl): 26436

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

Total proppant used (lbs): 1262458 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: 2015 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2015 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2443 Tubing PSI: 2038 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1116 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10125 Tbg setting date: 03/23/2014 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: Sandra Salazar
Title: Permit Technician II Date: 5/21/2014 Email: sandra.salazar@wpenergy.com

Attachment Check List

Att Doc Num	Name
400612562	FORM 5A SUBMITTED
400612598	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Passes Permitting.	3/5/2014 3:04:18 PM

Total: 1 comment(s)