

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: 400661384

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: GINA RANDOLPH
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 260-4509
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202 Email: GINA.RANDOLPH@WPXENERGY.COM

5. API Number 05-045-21992-00 6. County: GARFIELD
 7. Well Name: Savage Well Number: RWF 43-25
 8. Location: QtrQtr: SWSE Section: 25 Township: 6S Range: 94W Meridian: 6
 9. Field Name: RULISON Field Code: 75400

Completed Interval

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

Treatment Date: 07/13/2014 End Date: 07/17/2014 Date of First Production this formation: 07/13/2014

Perforations Top: 6812 Bottom: 8776 No. Holes: 141 Hole size: 35/100

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

6 STAGES; 1750 Gals 7 1/2% HCL; 993700 # 40/70 Sand; 26500 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 26542 Max pressure during treatment (psi): 5787

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): 0.75

Total acid used in treatment (bbl): 41 Number of staged intervals: 6

Recycled water used in treatment (bbl): 26500 Flowback volume recovered (bbl): 8864

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

Total proppant used (lbs): 993700 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/02/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 736 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 736 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1916 Tubing PSI: 1439 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1084 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8588 Tbg setting date: 07/17/2014 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

<u>Att Doc Num</u>	<u>Name</u>
400661397	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)