

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
 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: Michele Weybright
 Phone: (303) 629-8449
 Fax: (303) 629-8268
 Email: michele.weybright@wpxenergy.com

5. API Number 05-103-12078-00
 6. County: RIO BLANCO
 7. Well Name: FEDERAL
 Well Number: RGU 333-24-198
 8. Location: QtrQtr: LOT 10 Section: 24 Township: 1S Range: 98W Meridian: 6
 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/15/2014 End Date: 07/15/2014 Date of First Production this formation: 07/16/2014

Perforations Top: 11879 Bottom: 12211 No. Holes: 26 Hole size: 35/100

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

500 Gals 10% HCL; 92457# 40/70 Sand; 6250# 20/40 Sand; 3802 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3814 Max pressure during treatment (psi): 4930

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): 0.64

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 3802 Flowback volume recovered (bbl): 13276

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

Total proppant used (lbs): 98707 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: 07/14/2014 End Date: 07/15/2014 Date of First Production this formation: 07/16/2014

Perforations Top: 12290 Bottom: 12596 No. Holes: 45 Hole size: 35/100

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

1000 Gals 10% HCL; 153039# 40/70 Sand; 11250 20/40# Sand; 6673 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6697 Max pressure during treatment (psi): 4930

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): 0.64

Total acid used in treatment (bbl): 24 Number of staged intervals: 2

Recycled water used in treatment (bbl): 6673 Flowback volume recovered (bbl): 13276

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

Total proppant used (lbs): 164289 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: 07/16/2014 End Date: 07/18/2014 Date of First Production this formation: 07/16/2014
Perforations Top: 9778 Bottom: 11433 No. Holes: 143 Hole size: 35/100

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

3000 Gals 10% HCL; 671042# 40/70 Sand; 47500# 20/40 Sand; 26173 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 26245 Max pressure during treatment (psi): 4930

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): 0.64

Total acid used in treatment (bbl): 71 Number of staged intervals: 6

Recycled water used in treatment (bbl): 26174 Flowback volume recovered (bbl): 13276

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

Total proppant used (lbs): 718542 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: 07/14/2014 End Date: 07/18/2014 Date of First Production this formation: 07/16/2014
Perforations Top: 9778 Bottom: 12596 No. Holes: 214 Hole size: 35/100

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

4500 Gals 10% HCL; 916538# 40/70 Sand; 65000# 20/40 Sand; 36649 Bbbs Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 36756 Max pressure during treatment (psi): 4930

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): 0.64

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

Recycled water used in treatment (bbl): 36649 Flowback volume recovered (bbl): 13276

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

Total proppant used (lbs): 981538 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/17/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 881 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 881 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1673 Tubing PSI: 1170 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1079 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12007 Tbg setting date: 07/22/2014 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: Michele L Weybright
Title: Permit Technician I Date: _____ Email: michele.veybright@wpenergy.com

Attachment Check List

Att Doc Num	Name
400687594	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)