

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:
400647478

Date Received:
07/21/2014

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.weybright@wpxenergy.com</u>

5. API Number <u>05-045-22043-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Federal</u>	Well Number: <u>PA 24-16</u>
8. Location: QtrQtr: <u>SEnw</u> Section: <u>21</u> Township: <u>6S</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: 06/02/2014 End Date: 06/07/2014 Date of First Production this formation: 06/02/2014

Perforations Top: 7246 Bottom: 9384 No. Holes: 151 Hole size: 35/100

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

1210699 # 40/70 Sand; 32804 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): 32804 Max pressure during treatment (psi): 6053

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): 0.66

Total acid used in treatment (bbl): _____ Number of staged intervals: 7

Recycled water used in treatment (bbl): 32804 Flowback volume recovered (bbl): 15244

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

Total proppant used (lbs): 1210699 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/09/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1010 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1010 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 2111 Tubing PSI: 1334 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1044 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9217 Tbg setting date: 06/17/2014 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: _____

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: 7/21/2014 Email: michele.weybright@wpenergy.com

Attachment Check List

Att Doc Num	Name
400647478	FORM 5A SUBMITTED
400647483	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting.	10/8/2014 10:50:04 AM

Total: 1 comment(s)