

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:  
400647964

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.veybright@wpxenergy.com</u>

5. API Number <u>05-045-22036-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Federal</u>	Well Number: <u>PA 424-16</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: 06/08/2014 Date of First Production this formation: 06/04/2014  
Perforations Top: 7517 Bottom: 9649 No. Holes: 149 Hole size: 35/100

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

1243600# 40/70 Sand; 34045 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): 34045 Max pressure during treatment (psi): 4950

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): 0.65

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

Recycled water used in treatment (bbl): 34045 Flowback volume recovered (bbl): 18994

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

Total proppant used (lbs): 1243600 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 07/05/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 738 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 738 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1820 Tubing PSI: 1195 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1091 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9445 Tbg setting date: 06/11/2014 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
400647964	FORM 5A SUBMITTED
400647973	WELLBORE DIAGRAM

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PassesPermitting.	10/8/2014 11:34:38 AM

Total: 1 comment(s)