

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: 400706412

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 05-045-21998-00 6. County: GARFIELD
 7. Well Name: Savage Well Number: RWF 344-25
 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: 09/10/2014 End Date: 09/17/2014 Date of First Production this formation: 09/11/2014

Perforations Top: 6290 Bottom: 8516 No. Holes: 186 Hole size: 35/100

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

8 STAGES; 1490 Gals 7 1/2% HCL; 1150600 # 40/70 Sand; 30796 Bbls Slickwater (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 30831 Max pressure during treatment (psi): 6458
 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): 0.69
 Total acid used in treatment (bbl): 35 Number of staged intervals: 8
 Recycled water used in treatment (bbl): 30796 Flowback volume recovered (bbl): 13061
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: RECYCLE
 Total proppant used (lbs): 1150600 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/11/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 602 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 602 Bbl H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 1994 Tubing PSI: 1543 Choke Size: 11/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1107 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8308 Tbg setting date: 09/22/2014 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:

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> |
|--------------------|------------------|
| 400706415 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)