

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: 400729101

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: Angela Neifert-Kraiser
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4398
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: Angela.Neifert-Kraiser@wpxenergy.com

5. API Number 05-045-22410-00 6. County: GARFIELD
 7. Well Name: Hicks PA Well Number: 34-6
 8. Location: QtrQtr: SESW Section: 6 Township: 7S Range: 95W Meridian: 6
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

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

Treatment Date: 08/19/2014 End Date: 08/22/2014 Date of First Production this formation: 08/20/2014

Perforations Top: 4619 Bottom: 6489 No. Holes: 126 Hole size: 35/100

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

1058100#40/70 Sand; 27312 Bbls Slickwater; (Summary)
*All flowback water entries are total estimates based on comingled volumes.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 27312 Max pressure during treatment (psi): 5659

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): 0.63

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

Recycled water used in treatment (bbl): 27312 Flowback volume recovered (bbl): 10444

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

Total proppant used (lbs): 1058100 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/29/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 891 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 891 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1663 Tubing PSI: 1385 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1101 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6310 Tbg setting date: 09/09/2014 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Angela Neifert-Kraiser
Title: Regulatory Specialist Date: _____ Email: Angela.Neifert-Kraiser@wpenergy.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400729214	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)