

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400691866 Date Received: 09/19/2014

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: 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: Sandra Salazar Phone: (303) 629-8456 Fax: (303) 629-8268 Email: sandra.salazar@wpxenergy.com

5. API Number 05-103-12079-00 6. County: RIO BLANCO 7. Well Name: FEDERAL Well Number: RGU 523-24-198 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: 12196 Bottom: 12468 No. Holes: 30 Hole size: 35/100

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

500 Gals 10% HCL; 4810 Bbls Slickwater; 123104 # 40/70 Sand; 8750 # 20/40 Sand; (Summary)

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 4822 Max pressure during treatment (psi): 6358

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): 0.61

Total acid used in treatment (bbl): 11 Number of staged intervals: 1

Recycled water used in treatment (bbl): 4810 Flowback volume recovered (bbl): 19352

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

Total proppant used (lbs): 131854 Rule 805 green completion techniques were utilized: [X]

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: 07/14/2014 Date of First Production this formation: 07/16/2014

Perforations Top: 12514 Bottom: 12800 No. Holes: 42 Hole size: 35/100

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

1000 Gals 10% HCL; 6742 Bbls Slickwater; 161435 # 40/70 Sand; 10625 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6766 Max pressure during treatment (psi): 6358

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): 0.61

Total acid used in treatment (bbl): 23 Number of staged intervals: 2

Recycled water used in treatment (bbl): 6742 Flowback volume recovered (bbl): 19352

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

Total proppant used (lbs): 172060 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: 07/14/2014 End Date: 07/19/2014 Date of First Production this formation: 07/16/2014

Perforations Top: 10080 Bottom: 11648 No. Holes: 143 Hole size: 35/100

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

Gals 3000 10% HCL; 25856 Bbls Slickwater; 644254 # 40/70 Sand; 48847 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 25927 Max pressure during treatment (psi): 6358

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): 0.61

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

Recycled water used in treatment (bbl): 25856 Flowback volume recovered (bbl): 19352

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

Total proppant used (lbs): 693101 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: 07/19/2014 Date of First Production this formation: 07/16/2014

Perforations Top: 10080 Bottom: 12800 No. Holes: 215 Hole size: 35/100

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

4500 Gals 10% HCL; 1571192 Bbls Slickwater; 928793 # 40/70 Sand; 68222 # 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1571299 Max pressure during treatment (psi): 6358

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): 0.61

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

Recycled water used in treatment (bbl): 1571192 Flowback volume recovered (bbl): 19352

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

Total proppant used (lbs): 997015 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/31/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1295 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1295 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2172 Tubing PSI: 1631 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: 12233 Tbg setting date: 07/24/2014 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: Sandra Salazar

Title: Permit Technician II Date: 9/19/2014 Email sandra.salazar@wpenergy.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400691866 FORM 5A SUBMITTED, 400731552 FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row: Agency Return to Draft, . Sand volume questionable. 11/13/2014 3:16:22 PM

Total: 1 comment(s)