

FORM
5ARev
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:

400771966

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 05-045-22469-00 6. County: GARFIELD
 7. Well Name: GM Well Number: 542-12
 8. Location: QtrQtr: NENW Section: 12 Township: 7S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 12/02/2014 End Date: 12/06/2014 Date of First Production this formation: 12/02/2014Perforations Top: 5516 Bottom: 7076 No. Holes: 131 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐6 STAGES; 941000 # 40/70 Sand: 25115 Bbls Slickwater (Summary)This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 25115Max pressure during treatment (psi): 5152

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): 0.68

Total acid used in treatment (bbl): _____

Number of staged intervals: 6Recycled water used in treatment (bbl): 25115Flowback volume recovered (bbl): 12267

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 941000Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/10/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 843 Bbl H2O: 0Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 843 Bbl H2O: 0 GOR: 0Test Method: FLOWING Casing PSI: 1506 Tubing PSI: 1305 Choke Size: 11/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1097 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6928 Tbg setting date: 12/13/2014 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

Att Doc Num

Name

400771968

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)