

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: 400790676

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: Sandra Salazar
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202 Email: sandra.salazar@wpxenergy.com

5. API Number 05-103-11996-00 6. County: RIO BLANCO
 7. Well Name: FEDERAL Well Number: BCU 542-30-198
 8. Location: QtrQtr: NWSE Section: 30 Township: 1N Range: 98W Meridian: 6
 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/18/2014 End Date: 10/18/2014 Date of First Production this formation: 10/20/2014

Perforations Top: 9986 Bottom: 10182 No. Holes: 24 Hole size: 35/100

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

500 Gals 10% HCL; 3694 Bbls Slickwater; 98398# 40/70 Sand; 7500# 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3706 Max pressure during treatment (psi): 5258

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): 0.58

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

Recycled water used in treatment (bbl): 3694 Flowback volume recovered (bbl): 34097

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

Total proppant used (lbs): 105889 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: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/17/2014 End Date: 10/17/2014 Date of First Production this formation: 10/20/2014

Perforations Top: 10233 Bottom: 10411 No. Holes: 24 Hole size: 35/100

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

500 Gals 10% HCL; 4391 Bbls Slickwater; 118761# 40/70 Sand; 8750# 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4403 Max pressure during treatment (psi): 5258

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): 0.58

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

Recycled water used in treatment (bbl): 4392 Flowback volume recovered (bbl): 34097

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

Total proppant used (lbs): 127511 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: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/18/2014 End Date: 10/18/2014 Date of First Production this formation: 10/20/2014

Perforations Top: 9725 Bottom: 9909 No. Holes: 24 Hole size: 35/100

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

500 Gals 10% HCL; 5507 Bbls Slickwater; 153351# 40/70 Sand; 11250# 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 5519

Max pressure during treatment (psi): 5258

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): 0.58

Total acid used in treatment (bbl): 11

Number of staged intervals: 1

Recycled water used in treatment (bbl): 5507

Flowback volume recovered (bbl): 34097

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 164801

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: 10/19/2014 End Date: 10/21/2014 Date of First Production this formation: 10/20/2014

Perforations Top: 8012 Bottom: 9477 No. Holes: 144 Hole size: 35/100

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

3000 Gals 10% HCL; 26298 Bbls Slickwater; 725686# 40/70 Sand; 500000# 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 26370 Max pressure during treatment (psi): 5258

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): 0.58

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

Recycled water used in treatment (bbl): 26298 Flowback volume recovered (bbl): 34097

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

Total proppant used (lbs): 775686 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/17/2014 End Date: 10/21/2014 Date of First Production this formation: 10/20/2014

Perforations Top: 8012 Bottom: 10817 No. Holes: 264 Hole size: 35/100

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

5500 Gals 10% HCL; 2085202 Bbls Slickwater; 1362243# 40/70 Sand; 96250# 20/40 Sand; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2085333 Max pressure during treatment (psi): 5258

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): 0.58

Total acid used in treatment (bbl): 131 Number of staged intervals: 10

Recycled water used in treatment (bbl): 2085202 Flowback volume recovered (bbl): 34097

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

Total proppant used (lbs): 1458493 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/31/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1272 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1272 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1892 Tubing PSI: 1484 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1159 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10377 Tbg setting date: 10/27/2014 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: Email sandra.salazar@wpenergy.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400792811, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)