

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



Table with columns DE, ET, OE, ES

Document Number: 400818732

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 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: Michele Weybright Phone: (303) 629-8449 Fax: (303) 629-8268 Email: michele.weybright@wpxenergy.com

5. API Number 05-103-12141-00 6. County: RIO BLANCO 7. Well Name: FEDERAL Well Number: RGU 534-23-198 8. Location: QtrQtr: SESE Section: 23 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: 12/23/2014 End Date: 12/23/2014 Date of First Production this formation: 12/25/2014

Perforations Top: 11894 Bottom: 12226 No. Holes: 33 Hole size: 35/100

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

500 Gals 10% HCL; 100500# 40/70 Sand; 7500# 20/40 Sand; 3575 Bbls Slickwater; (Summary)

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

Total fluid used in treatment (bbl): 3587 Max pressure during treatment (psi): 6466

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): 0.65

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): 3575 Flowback volume recovered (bbl): 21549

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

Total proppant used (lbs): 108000 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: 12/22/2014 End Date: 12/22/2014 Date of First Production this formation: 12/25/2014

Perforations Top: 12267 Bottom: 12577 No. Holes: 39 Hole size: 35/100

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

1000 Gals 10% HCL; 183300# 40/70 Sand; 13100# 20/40 Sand; 6767 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6790 Max pressure during treatment (psi): 6466

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): 0.65

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

Recycled water used in treatment (bbl): 6767 Flowback volume recovered (bbl): 21549

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

Total proppant used (lbs): _____ 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: 12/23/2014 End Date: 01/14/2015 Date of First Production this formation: 12/25/2014

Perforations Top: 10148 Bottom: 11431 No. Holes: 120 Hole size: 35/100

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

2500Gals 10% HCL; 538600# 40/70 Sand; 38200# 20/40 Sand; 20314 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 20374 Max pressure during treatment (psi): 6466

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): 0.65

Total acid used in treatment (bbl): 60 Number of staged intervals: 5

Recycled water used in treatment (bbl): 20314 Flowback volume recovered (bbl): 21549

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

Total proppant used (lbs): 576800 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: 12/22/2014 End Date: 01/14/2015 Date of First Production this formation: 12/25/2014

Perforations Top: 10148 Bottom: 12577 No. Holes: 192 Hole size: 35/100

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

4000 Gals 10% HCL; 822400# 40/70 Sand; 58800# 20/40 Sand; 30657 Bbls Slickwater; (Summary)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 30752 Max pressure during treatment (psi): 6466

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): 0.65

Total acid used in treatment (bbl): 95 Number of staged intervals: 8

Recycled water used in treatment (bbl): 30657 Flowback volume recovered (bbl): 21549

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

Total proppant used (lbs): 881200 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/22/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 751 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 751 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1739 Tubing PSI: 1103 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1077 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12186 Tbg setting date: 01/20/2015 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: Michele L Weybright Title: Permit Technician I Date: Email michele.weybright@wpenergy.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400818747, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)