

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:

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

5. API Number 05-103-11993-00
6. County: RIO BLANCO
7. Well Name: FEDERAL
Well Number: RG 421-32-298
8. Location: QtrQtr: LOT14 Section: 29 Township: 2S Range: 98W Meridian: 6
9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: CORCORAN Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/10/2014 End Date: 12/11/2014 Date of First Production this formation: 12/27/2014

Perforations Top: 9219 Bottom: 9652 No. Holes: 48 Hole size: 35/100

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

1000 Gals 10% HCL; 8319 Bbls Slickwater; 222156 # 40/70 Sand; 16250 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 8343 Max pressure during treatment (psi): 7500

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): 0.60

Total acid used in treatment (bbl): 24 Number of staged intervals: 2

Recycled water used in treatment (bbl): 8319 Flowback volume recovered (bbl): 55699

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

Total proppant used (lbs): 238406 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: SEGO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/10/2014 End Date: 12/10/2014 Date of First Production this formation: 12/27/2014

Perforations Top: 9692 Bottom: 9905 No. Holes: 24 Hole size: 35/100

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

500 Gals 10% HCL; 4220 Bbls Slickwater; 112829 # 40/70 Sand; 7500 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 4232

Max pressure during treatment (psi): 7500

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): 0.60

Total acid used in treatment (bbl): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 4220

Flowback volume recovered (bbl): 55699

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 120329

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: 12/11/2014 End Date: 12/13/2014 Date of First Production this formation: 12/27/2014

Perforations Top: 6541 Bottom: 8807 No. Holes: 186 Hole size: 35/100

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

4000 Gals 10% HCL; 32974 Bbls Slickwater; 890218 # 40/70 Sand; 64430 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 33069 Max pressure during treatment (psi): 7500

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): 0.60

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

Recycled water used in treatment (bbl): 32974 Flowback volume recovered (bbl): 55699

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

Total proppant used (lbs): 954648 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: 12/10/2014 End Date: 12/13/2014 Date of First Production this formation: 12/27/2014

Perforations Top: 6541 Bottom: 9905 No. Holes: 258 Hole size: 35/100

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

5500 Gals 10% HCL; 45514 Bbls Slickwater; 1225203 # 40/70 Sand; 88180 # 20/40 Sand; (Summary)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 1911736 Max pressure during treatment (psi): 7500

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): 0.60

Total acid used in treatment (bbl): 131 Number of staged intervals: 11

Recycled water used in treatment (bbl): 1911605 Flowback volume recovered (bbl): 55699

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

Total proppant used (lbs): 1313383 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/26/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 1480 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1480 Bbl H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 2150 Tubing PSI: 980 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1086 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9383 Tbg setting date: 12/27/2014 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:

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

Att Doc Num	Name
400836718	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)