

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



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Document Number:

400998214

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: Whitney Szabo
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 263-2730
 3. Address: PO BOX 370 Fax: _____
 City: PARACHUTE State: CO Zip: 81635 Email: whitney.szabo@wpxenergy.com

5. API Number 05-103-11967-00 6. County: RIO BLANCO
 7. Well Name: Federal Well Number: RGU 343-26-198
 8. Location: QtrQtr: LOT 8 Section: 26 Township: 1S Range: 98W Meridian: 6
 9. Field Name: SULPHUR CREEK Field Code: 80090

Completed Interval

FORMATION: COZZETTE Status: COMMINGLED Treatment Type: FRACTURE STIMULATIONTreatment Date: 12/15/2015 End Date: 12/15/2015 Date of First Production this formation: 12/12/2015Perforations Top: 11530 Bottom: 11671 No. Holes: 24 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1000 Gals 10% HCL; 6440 BBLs Slickwater; 350 #50/200 Sand; 111825 #20/40 Sand; (summary)

*** All flowback water entires are total estimates based on commingled volumes.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 6464Max pressure during treatment (psi): 5925

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): 0.62Total acid used in treatment (bbl): 24Number of staged intervals: 1Recycled water used in treatment (bbl): 6440Flowback volume recovered (bbl): 3614

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLETotal proppant used (lbs): 112175Rule 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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/13/2015 End Date: 12/14/2015 Date of First Production this formation: 12/12/2015

Perforations Top: 11694 Bottom: 12037 No. Holes: 48 Hole size: 35/10

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

2000 Gals 10% HCL; 11843 BBLs Slickwater; 700 #50/200 Sand; 200907 #20/40 Sand; (summary)
*** All flowback water entires are total estimates based on commingled volumes.

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

Total fluid used in treatment (bbl): 11891

Max pressure during treatment (psi): 5925

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): 0.62

Total acid used in treatment (bbl): 48

Number of staged intervals: 2

Recycled water used in treatment (bbl): 11843

Flowback volume recovered (bbl): 7312

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 201607

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/10/2015 End Date: 12/11/2015 Date of First Production this formation: 12/12/2015

Perforations Top: 12062 Bottom: 12389 No. Holes: 48 Hole size: 35/100

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

1000 Gals 10% HCL; 10296 BBLs Slickwater; 700 #50/200 Sand; 160965 #20/40 Sand; (summary)
*** All flowback water entires are total estimates based on commingled volumes.

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

Total fluid used in treatment (bbl): 10320

Max pressure during treatment (psi): 5925

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): 0.62

Total acid used in treatment (bbl): 24

Number of staged intervals: 2

Recycled water used in treatment (bbl): 10296

Flowback volume recovered (bbl): 7312

Fresh water used in treatment (bbl): _____

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 161665

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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/28/2016 End Date: 01/05/2016 Date of First Production this formation: 12/12/2015

Perforations Top: 9145 Bottom: 11251 No. Holes: 264 Hole size: 35/100

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

5000 Gals 10% HCL; 63429 BBLs Slickwater; 3850 #50/200 Sand; 736344 #20/40 Sand; (summary)
*** All flowback water entires are total estimates based on commingled volumes.

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

Total fluid used in treatment (bbl): 63548

Max pressure during treatment (psi): 5925

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): 0.62

Total acid used in treatment (bbl): 119

Number of staged intervals: 11

Recycled water used in treatment (bbl): 63429

Flowback volume recovered (bbl): 11010

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 740194

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: 12/10/2015 End Date: 01/05/2016 Date of First Production this formation: 12/12/2015
Perforations Top: 9145 Bottom: 12389 No. Holes: 384 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

9000 Gals 10% HCL; 92007 BBLs Slickwater; 5600 #50/200 Sand; 1210041 #20/40 Sand; (summary)
*** All flowback water entires are total estimates based on commingled volumes.

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

Total fluid used in treatment (bbl): 92221

Max pressure during treatment (psi): 5925

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): 0.62

Total acid used in treatment (bbl): 214

Number of staged intervals: 16

Recycled water used in treatment (bbl): 92007

Flowback volume recovered (bbl): 29248

Fresh water used in treatment (bbl):

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1215641

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/17/2016 Hours: 24 Bbl oil: 0 Mcf Gas: 1900 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1900 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2042 Tubing PSI: 1085 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1095 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 11933 Tbg setting date: 01/25/2016 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: Whitney Szabo

Title: Permit Tech II Date: Email: whitney.szabo@wpenergy.com

Attachment Check List

Att Doc Num **Name**

400998255 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)