

FORM 5A

Rev 02/08

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
400258792

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03/07/2012

## 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: Matt Barber  
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385  
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-20219-00 6. County: GARFIELD  
 7. Well Name: ExxonMobil Well Number: GM 421-26  
 8. Location: QtrQtr: LOT1 Section: 27 Township: 6S Range: 96W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/21/2011 Date of First Production this formation: 10/26/2011

Perforations Top: 5975 Bottom: 7565 No. Holes: 108 Hole size: 0.35

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

2538 gal 7.5% HCL, 952829# 30/50 Sand, 25524 BBLs Slickwater (Summary).

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 11/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1392 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1907 Tubing PSI: 1647 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1070 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7347 Tbg setting date: 11/12/2011 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: \_\_\_\_\_

Comment:  
\_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Matt Barber

Title: Sr Regulatory Specialist Date: 3/7/2012 Email: matt.barber@williams.com

### Attachment Check List

Att Doc Num	Name
400258792	FORM 5A SUBMITTED
400258795	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)