

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-045-20277-00
6. County: GARFIELD
7. Well Name: Bosely
Well Number: SG 13-35
8. Location: QtrQtr: NWSW Section: 35 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/20/2012 Date of First Production this formation: 02/07/2012

Perforations Top: 4020 Bottom: 5147 No. Holes: 82 Hole size: 0.35

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

1000 gal 7.5% HCL; 682400# 30/50 Sand; 13990 BBLs Slickwater (Summary).

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

Test Information:

Date: 02/14/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 651 Bbls H2O: 0

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

Test Method: flowing Casing PSI: 851 Tubing PSI: 580 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1023 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4881 Tbg setting date: 02/06/2012 Packer Depth:

Reason for Non-Production:

[]

Date formation Abandoned: Squeeze: [] Yes [X] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

Surface pressure= 9

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

Signed: Print Name: Julie Lawson

Title: Permit Tech II Date: Email julie.lawson@wpxenergy.com

Attachment Check List

Att Doc Num	Name
400266489	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)