

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



Table with columns DE, ET, OE, ES

Document Number: 400268205

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 05-045-20489-00
6. County: GARFIELD
7. Well Name: Bosely
Well Number: SG 31-27
8. Location: QtrQtr: NENE Section: 27 Township: 7S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/17/2011 Date of First Production this formation: 11/16/2011

Perforations Top: 3910 Bottom: 5109 No. Holes: 102 Hole size: 0.35

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

2500 gal 7.5% HCL; 883833# 30/50 Sand; 18622 BBL's Slickwater (Summary).

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

Test Information:

Date: 01/05/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1026 Bbls H2O: 0

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

Test Method: Flowing Casing PSI: 698 Tubing PSI: 542 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1035 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4923 Tbg setting date: 12/01/2011 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: Form 5 submitted - 400268171

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 |
|-------------|------------------|
| 400268213 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)