

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2287227

Date Received:

01/30/2012

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 05-045-19395-00

6. County: GARFIELD

7. Well Name: Federal

Well Number: PA 522-29

8. Location: QtrQtr: SENE Section: 29 Township: 6S Range: 95W Meridian: 6

9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 08/03/2011

Date of First Production this formation: 08/07/2011

Perforations Top: 6118 Bottom: 8284 No. Holes: 185 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

4,630 GALS 7.5% HCL; 1,174,639# OF 40/70 SAND; 32,882 BBLs SLICKWATER (SUMMARY).

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

Test Information:

Date: 09/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1198 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1198 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 1868 Tubing PSI: 1545 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1080 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8057 Tbg setting date: 08/24/2011 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 DOC#2287224

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: 1/20/2012 Email: MATT.BARBER@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2287227	FORM 5A SUBMITTED
2287228	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--approved form 5	4/19/2012 10:38:06 AM
Permit	on hold pending approval of form 5	3/13/2012 11:47:24 AM

Total: 2 comment(s)