

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

Document Number:

2287222

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
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: MATT BARBER
Phone: (303) 606-4385
Fax: (303) 629-8268

5. API Number 05-045-20232-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 334-22
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: 10/13/2011 Date of First Production this formation: 10/25/2011
Perforations Top: 6194 Bottom: 8035 No. Holes: 141 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: []
3,092 GALS 7.5% HCL; 1,177,700# OF 30/50 SAND; 73,362 BBLS SLICKWATER (SUMMARY).
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 12/09/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 872 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 872 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 2341 Tubing PSI: 1596 Choke Size: 10/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1067 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7859 Tbg setting date: 11/18/2011 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#2287219

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: 1/23/2012 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2287222	FORM 5A SUBMITTED
2287223	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 11:17:00 AM
Permit	on hold pending approval of form 5	3/13/2012 12:59:06 PM

Total: 2 comment(s)