

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:

400258647

Date Received:

03/06/2012

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) 6298268
City: DENVER State: CO Zip: 80202

5. API Number 05-045-20221-00 6. County: GARFIELD
7. Well Name: ExxonMobil Well Number: GM 322-26
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: 10/20/2011 Date of First Production this formation: 10/30/2011
Perforations Top: 6394 Bottom: 8168 No. Holes: 124 Hole size: 0.35
Provide a brief summary of the formation treatment: Open Hole: ☒
2001 gal 7.5% HCL; 798203# 30/50 Sand; 27792 BBLs of Slickwater (Summary)
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1025 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 2071 Tubing PSI: 1636 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1075 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7964 Tbg setting date: 11/10/2011 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: 3/6/2012 Email: matt.barber@williams.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400258647 | FORM 5A SUBMITTED |
| 400258663 | 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 11:22:45 AM |
| Permit | on hold pending approval of form 5 | 3/13/2012 1:11:42 PM |

Total: 2 comment(s)