

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

Document Number: 2287562

Date Received: 02/24/2012

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: ANGELA J. NEIFERT-KRAISER
Phone: (303) 606-4398
Fax: (303) 629-8285

5. API Number 05-045-19664-00
6. County: GARFIELD
7. Well Name: ExxonMobil
Well Number: GM 443-27
8. Location: QtrQtr: NWSE 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: 06/09/2011 Date of First Production this formation: 06/11/2011
Perforations Top: 5103 Bottom: 7104 No. Holes: 162 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole:
1073300# 30/50 SAND; 28453 BBLs SLICKWATER; (SUMMARY)
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1142 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1142 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1623 Tubing PSI: 1335 Choke Size: 13/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1033 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6815 Tbg setting date: 06/23/2011 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#2287564

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: ANGELA J. NEIFERT-KRAISER
Title: REGULATORY Date: 1/17/2012 Email: ANGELA.NEIFERT-

Attachment Check List

Att Doc Num	Name
2287562	FORM 5A SUBMITTED
2287563	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)