

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:

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	4. Contact Name: ANGELA J. NEIFERT-KRAISER
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC	Phone: (303) 606-4398
3. Address: 1001 17TH STREET - SUITE #1200	Fax: (303) 629-8285
City: DENVER State: CO Zip: 80202	

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: <input type="checkbox"/>
1073300# 30/50 SAND; 28453 BBLs SLICKWATER; (SUMMARY)	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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-  
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### 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)