

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:

2287705

Date Received:

02/27/2012

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: SANDRA SALAZAR  
Phone: (303) 629-8456  
Fax: (303) 629-8268

5. API Number 05-045-19565-00  
6. County: GARFIELD  
7. Well Name: Holl Well Number: RWF 413-31  
8. Location: QtrQtr: NWSW Section: 31 Township: 6S Range: 94W Meridian: 6  
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 07/22/2011 Date of First Production this formation: 07/23/2011  
Perforations Top: 5516 Bottom: 7642 No. Holes: 166 Hole size: 35/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
3840 GALS 7.5% HCL; 824200# OF 20/40 SAND; 33838 BBLS SLICKWATER (SUMMARY).  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1007 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1007 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 871 Tubing PSI: 579 Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1075 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7408 Tbg setting date: 09/07/2011 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#2287707

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed:  Print Name: SANDRA SALAZAR

Title: PERMITTING Date: 2/14/2012 Email SANDRA.SALAZAR@WILLIAMS.COM

### Attachment Check List

Att Doc Num	Name
2287705	FORM 5A SUBMITTED
2287706	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)