

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2287602

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 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 05-045-15860-00

6. County: GARFIELD

7. Well Name: Jolley

Well Number: KP 23-17

8. Location: QtrQtr: NESW Section: 17 Township: 6S Range: 91W Meridian: 6

9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 10/10/2011 Date of First Production this formation: 10/20/2011

Perforations Top: 4683 Bottom: 6918 No. Holes: 245 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: ☐

5020 GALS 7.5% HCL; 1282400 # OF 20/40 SAND; 56104 BBLS SLICKWATER (SUMMARY).

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/01/2011 Hours: 24 Bbls oil: Mcf Gas: 944 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 944 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 662 Tubing PSI: 291 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1139 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6059 Tbg setting date: 10/14/2011 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# 2287604

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: 1/19/2012 Email: ANGELA.NEIFERT-

Attachment Check List

Att Doc Num	Name
2287602	FORM 5A SUBMITTED
2287603	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)