

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:

2287765

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 4. Contact Name: SANDRA SALAZAR
 2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 629-8456
 3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 629-8268
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19568-00 6. County: GARFIELD
 7. Well Name: Holl Well Number: RWF 14-31
 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: 06/20/2011 Date of First Production this formation: 06/23/2011
 Perforations Top: 5116 Bottom: 7689 No. Holes: 193 Hole size: 35/100
 Provide a brief summary of the formation treatment: 5174 GALS 7 1/2%; 1442339 # 20/40 SAND; 41388 BBLs SLICKWATER (SUMMARY)
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/31/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 615 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 615 Bbls H2O: 0 GOR: 0
 Test Method: FLOWING Casing PSI: 506 Tubing PSI: 269 Choke Size: 13/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1066 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5519 Tbg setting date: 07/25/2011 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# 2287767

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: PERMIT TECH Date: 2/14/2012 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2287765	FORM 5A SUBMITTED
2287766	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)