

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:

2287801

Date Received:

03/05/2012

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 05-045-18423-00
6. County: GARFIELD
7. Well Name: Youberg Well Number: SR 43-12
8. Location: QtrQtr: NWSW Section: 7 Township: 7S Range: 93W Meridian: 6
9. Field Name: RULISON Field Code: 75400

Completed Interval

FORMATION: COZZETTE Status: PLUGGED AND ABANDONED

Treatment Date: 06/30/2011 Date of First Production this formation: 03/19/2011

Perforations Top: 9759 Bottom: 9880 No. Holes: 19 Hole size: 35/100

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

498 GALS 7 1/2% HCL; 111700 # 40/70 SAND; 5981 BBLS SLICKWATER (SUMMARY).

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

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

NON-PRODUCTIVE

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 9950 Sacks cement on top: 200

FORMATION: CORCORAN Status: PLUGGED AND ABANDONED

Treatment Date: 02/25/2011 Date of First Production this formation: _____
Perforations Top: 9989 Bottom: 10188 No. Holes: 22 Hole size: 35/100

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

500 GALS 7 1/2% HCL; 161000 # 100 MESH SAND; 4383 BBLS SLICKWATER (SUMMARY).

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

Test Information:

Date: _____ Hours: 24 Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

NON-PRODUCTIVE

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 9950 Sacks cement on top: 200

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 02/25/2011 Date of First Production this formation: 02/27/2011
Perforations Top: 7300 Bottom: 9275 No. Holes: 146 Hole size: 35/100

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

3540 GALS 7 1/2% HCL; 1180900 # 40/70 SAND; 30107 BBLS SLICKWATER (SUMMARY).

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

Test Information:

Date: 06/30/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1326 Bbls H2O: 0
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1326 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1579 Tubing PSI: 1296 Choke Size: 11/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 991 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9820 Tbg setting date: 04/01/2011 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# 2287798

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: 2/28/2012 Email: SANDRA.SALAZAR@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
2287801	FORM 5A SUBMITTED
2287802	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	well not permitted for lles, only WMFK.	4/24/2012 8:14:50 AM
Data Entry	CORCORAN FORMATION: GAS DISPOSITION: SHUT IN NOT OFFERED ON PULL DOWN.	4/10/2012 10:04:45 AM

Total: 2 comment(s)