

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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Date Received:

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: Julie Lawson
Phone: (303) 260-4533
Fax: (303) 629-8268

5. API Number 05-045-20241-00
6. County: GARFIELD
7. Well Name: Federal
Well Number: PA 443-20
8. Location: QtrQtr: LOT8 Section: 20 Township: 6S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 10/28/2011 Date of First Production this formation:

Perforations Top: 6529 Bottom: 8714 No. Holes: 153 Hole size: 0.35

Provide a brief summary of the formation treatment: Open Hole: [ ]

4538 GALS 7 1/2% HCL; 1069500# 40/70 SAND; 49171 BBLs SLICKWATER;(SUMMARY)

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 04/05/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1140 Bbls H2O: 0

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

Test Method: 0 Casing PSI: 2183 Tubing PSI: 1698 Choke Size: 11/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1054 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8504 Tbg setting date: 11/16/2011 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:

[ ]

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

Signed: Print Name: Julie Lawson

Title: Permit Tech II Date: Email julie.lawson@wpxenergy.com

### Attachment Check List

Att Doc Num	Name
400280332	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)