

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2287952

Date Received:

03/16/2012

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: MATT BARBER
2. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (303) 606-4385
3. Address: 1001 17TH STREET - SUITE #1200 Fax: (303) 606-4385
City: DENVER State: CO Zip: 80202

5. API Number 05-045-20157-00 6. County: GARFIELD
7. Well Name: T & T and Assoc. LTD Well Number: PA 341-7
8. Location: QtrQtr: LOT2 Section: 7 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 08/16/2011 Date of First Production this formation: 08/21/2011
Perforations Top: 5447 Bottom: 7356 No. Holes: 155 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
3574 GALS 7 1/2% HCL; 949,988# 30/50 SAND; 25,237 BBLS SLICKWATER (SUMMARY)
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1285 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1285 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1740 Tubing PSI: 1612 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1064 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7171 Tbg setting date: 09/23/2011 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 #2287953

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

Signed: _____ Print Name: MATT BARBER

Title: SR. REGULATORY Date: 1/23/2012 Email: MATT.BARBER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Name
1533037	WELLBORE DIAGRAM
2287952	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	off hold--form 5 approved.	5/4/2012 12:13:35 PM
Permit	still on hold--rec'd. WBD; form 5 still on hold.	5/4/2012 11:11:16 AM
Permit	on hold pending approval of form 5 & WBD	4/27/2012 3:27:00 PM

Total: 3 comment(s)